## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address \_29496\_S.W. 152ND\_AVENUE

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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LEISURE CITY FL 00000 2047

**PROFIT** CORPORATION ANNUAL REPORT 1997

Principal Place of Business

20105 S.W. 152ND AVENUE LEISURE CITY FL 22000

Suite Apt # etc

City & State

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600005734 (4)

Bistayne Blud,

Country

9. Name and Address of Current Registered Agent

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29495 S.W. 152ND AVENUE

LEISURE CITY FL 33033

HUQ. EMRANUL

THREE AND FAITH PROPERTIES, INC.

500101	ar y	or State
	/// <b>       </b>	
. Date Incorporated or Qualified	3a. [	Date of Last Report
01/16/1996		
. FEI Number	01	Applied For
65-06420	76	Not Applicable
5. Certificate of Status Desired	П	\$8.75 Additional
Certificate of States Desired	<b>L</b> _1	Fee Required
. Election Campaign Financing		\$5.00 May Be
Trust Fund Contribution		Added to Fees
This corporation has tiability for	r Intangib	e tax under s. 199.032,
Florida Statutes	🔲 Yes	<b>M</b> No ∣

10. Name and Address of New Registered Agent

**FILED** 

May 05 1997 8:00am

Secretary of State

City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

**\$1** Name

\$2

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Street Address (P.O. Box Number is Not Acceptable)

***************************************	, , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Signature, typed or printed name of registered agent and little if a	nolicable (NOI)	E. Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Chang	e Additio
NAME	ISLAM, MANZURUL		1.2 NAME		
STREET ADDRESS	11211 SOUTH MILITARY TRAIL #2721		1.3 STREET ADDRESS		
City - St - ZIP	BOYNTON BEACH FL 33436		1.4 CITY - ST - ZIP		
TILLE	<b>VD</b>	DELETE	2.1 THTLE	Chang	e Additio
NAME	HUQ, EMRANUL		2.2 NAME		
STREET ADDRESS	1660 SOUTH CURLEW LANE		2.3 STREET ADORESS	And the second s	
CITY-S1-7P	HOMESTEAD FL 33035		2 4 CITY - ST-ZIP		
DILE	SO SO	☐ DELETE	31 TITLE	☐ Chang	e 🔲 Additio
NAME	NIRU, MOSHAMED		32 NAME		
STREET ADDRESS	1757 SOUTH CURLEW LANE		3.3 STREET ADDRESS		
CHY-SI-ZIP	HOMESTEAD FL 33035		3.4. CHY - ST - ZIP		
1011.6	D	☐ DELETÉ	4.1 TiTL(	☐ Chang	e 🔲 Additio
NAME	AWLAD, HOSSAIN M		4, 2 NAME		
STREET ADORESS	1660 S. CURLEW LANE		4.3 STREET ADDRESS		
CITY+ST-7P	HOMESTEAD FL 33035		4.4 CITY ST-ZIP		
THTLE		DELETE	5.1 TITLE	☐ Chang	e 🔲 Additio
NAME			5.2 NAME	·	
STREET ADDRESS	· ·		5.3 STREET ADDRESS		
CHY-SI-ZIP			5.4 CITY: ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Chang	e 🔲 Additio
MMi			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City St. 7i2			6.4 CITY+ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daytime Phone #

Date