FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018241 (5)

HASAN ENTERPRISE INC

Principal	Place	of	Business
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Mailing Address

2429 NE 5TH AVE

FILED May 02 1997 8:00am Secretary of State



POMPANO BEA	ACH FL 33064	POMPANO BEACH FL	. 33064-5411					
					3. Date Incorporated or Qualified 02/26/1996	3a, Date of La	st Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	V	Applied For	
21		26	26		591-27-8611		Not Applicable	
Suite, Apt. #, etc.		<u></u> ⊢¬	Suite, Apt. #, etc.		5. Certificate of Status Desired Security Securi			
22 Chart Char		City & Croto						
City & State		}~-η	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	710	Zip Country		This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	,	Florida Statutes			
<u>1</u>	9. Name and Address of Curre		100		10. Name and Address of New Re			
FER	DOUSY, DILRUBA			81 Name				
	9 NE 5TH AVE.		}	00 (0) 14 (1) 17 (7) (7) (7) (8) (1) (1) (1)				
	MPANO BEACH FL 33064		82 Street Ad		Address (P.O. Box Number is Not Acceptable)			
				83				
			}	84 City		85	Zip Code	
-				City		FL	EIP COUC	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change:	was authorized	by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of changil of the appointmen	ng its registered I as registered	
SIGNATURE								
40	Signature, typod or printed name of registered a	gent and title if applicable ND DIRECTORS		Agent signature requ	ired when reinstating)	DATE DIDEC	TODG IN 10	
12.	D OFFICENS A	DELEI	13. E 1,1 TIT	16	ADDITIONS/CHANGES TO OFFIC	Char		
NAME	FERDOUSY, DILRUBA	preci	1,1 III				ige [_] Rodilloit	
STREET ADDRESS :	2429 NE 5TH AVE.							
	POMPANO BEACH FL 33064			REET ADDRESS				
CITY-ST-ZIP	TOMPANO BEACHTE GOOD	DELE1		Y-\$1-ZIP		Char	nge	
NAME			2.2 NA	\ \ \ \ \		L	igo tal industri	
STREET ADDRESS				IEET ADDRESS	·			
*	=		1	IY-ST-7/P				
CITY-ST-ZIP		DELET				Char	ge Addition	
NAME			3.2 NA	1				
STREET ADDRESS				KEE1 ADDRESS				
CITY-ST-ZIP				IY- ST- ZIP				
TITLE		☐ DELFT				☐ Char	nge [_] Addition	
NAME			4. 2 N	ME .				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CH	Y - ST - ZIP				
TITLE		DELET	É 51111	II.		Char	nge Addition	
NAME			5 2 NA	ME				
STREET ADDRESS			5 3 ST	REET ADDRESS				
City-ST-ZIP			5 4 01	Y - S1 - 7IP				
TITLE		DELET				Char	nge Addition	
NAME			6.2°NA	NF				
STREET ADDRESS			6.3 51	REET ADDRESS				
CITY-ST-ZIP			6.4-CII	Y-S1-7IP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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

VA-20-02 (020) 26. VOIZ