SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038189 (2)

BENGAL IMPORTS, INC. Principal Place of Business Mailing Address 1550 N. FEDERAL HWY. 510 SE 34 AVE BOYNTON BEACH FL 33435 DO NOT WRITE IN THIS SPACE DELRAY BEACH FL 33444 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 21 65-0659882 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be

9. Name and Address of Current Registered Agent FINLEY, CHANDLER R 1645 PALM BEACH LAKES BLVD STE 520 WEST PALM BEACH FL 33401

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| | Perso | onai Propeny Tax due June 30 |). Y | res | [] 130 | | |
|----|--|------------------------------|-------------|-------|----------|--|--|
| | 10. Nami | e and Address of New Regis | tered / | Agent | | | |
| 81 | Name | | | | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 83 | | | | | | | |
| 84 | City | | C I | 85 | Zip Code | | |
| 1 | | | <u> </u> | | | | |

8. This corporation owes or has pald the current year Intengible

Trust Fund Contribution

FILED

Oct 01 1998 8:00am

Secretary of State

Added to Fees

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for

Country

| office or agent. I a | regist er ed agent, or both, in the State of Florid am fa mi liar with, and accept the obligations of, | la. Such change was a section 607.0505, Flo | uthorized by the corporati rida Statutes. | ion's board of directors. I hereby accept the appointment as registered |
|----------------------|---|--|--|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if | | | |
| | | · | TE: Registered Agent signature req | |
| 12. | OFFICERS AND DIREC | · · · · · · · · · · · · · · · · · · · | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | L DELETE | 1.1 TITL€ | Change Addition |
| NAME | ALAM, MOHAMMED | | 1.2 NAME | |
| STREET ADDRESS | 510 SE 34 AVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | | 1.4 CiTY-ST-ZiP | |
| TITLE | D | DELETE | 2.1 TITLE | Change Addition |
| NAME | al am , fazia | | 2.2 NAME | |
| STREET ADDRESS | 510 S.E. 34TH AVE. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYTON BEACH FL | | 2.4 CiTY-ST-ZiP | |
| TITLE | D | DELETE | 3.1 TITLE | Change Addition |
| NAME | RAHMAN, NAHAR | , | 3.2 NAME | |
| STREET ADDRESS | 510 SE 34 AVE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | _ | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | - | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | • |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | -25 - 41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | | 6.4 CITY-ST-ZIP | |

I 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.