

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90113 021 ***150.00

DOCUI 1. Corporation NORAM,		044963				
Principal Place	of Business	Mailing Address		3 19911901 H3 1910 SVII SONI 40H SVIII SONI	3 MORAL BIBIE 19150 BILDO 1911	
329 N. FEDERAL HWY. 1480 SW 85TH TERR POMPANO BEACH FL 33062 PEMBROKE PINES FL 33025			DO NOT WRITE IN TH	IS SPACE		
"	•			3. Date Incorporated or Qualified 05/28/1996		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
21		26		65-0673935	Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions Fee Required	a'
22 City & State		27 City & State		= 6.5 Election Campaign Financing	\$5:00 May Be	
23	28			Trust Fund Contribution	Added to Fees	
Zip	Country		Country	8. This corporation owes the current year		
24	25	29 30		Personal Property Tax.	Yes No	{
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	a Agent	
SADEK, HUSSAM						
1460 SW 85TH TERR			82 Street Add	ress (P.O. Box Number is Not Acceptable)		- {
	BROKE PINES FL 33025		83			
}		•		<u> </u>	last 75 Code	
}			84 City	F	L 85 Zip Code	1
11. Pursuant office or nagent, La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	2 and 607.1508, Florida Statutes, th of Florida, Such change was author tions of, Section 607.0505, Florida S	e above-named corridated by the corporation that the corporation is a second corporation of the corporation	poration submits this statement for the purpose on's board of directors, I hereby accept the app	of changing its registered ointment as registered	ed
SIGNATURE	H 1/(_ Hoss	AM SADEK PRES-		31291	99	.
	Signature, typed or printed name of registered agen		ered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 1	<u>i2</u> §
12.	D OFFICERS AN		.1 TITLE	ADDITIONAL OF THE PARTY OF THE		CR2E034 (11/98)
NAME	SADEK, HUSSAM	-	2 NAME			ह
STREET ADDRESS	1460 SW 85TH TERR	1.	3 STREET ADDRESS			6
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1	4 CITY-ST-ZIP	<u> </u>		
TITLE	D	☐ DELETE 2	1 TILE		☐ Change ☐ Ad	adition
NAME	NOUR, MOHAMMED	2	2 NAME			1
STREET ADDRESS	19390 COLLINS AVE #1226	2	3 STREET ADDRESS			-
CITY ST-ZE	N. MIAMI BEACH FL 33160		4 CITY: ST-ZIP.		Change Ad	dition
TITLE	,	<u>-</u> ·	1 TITLE		ه این مهستان	
NAME			2 NAME			
STREET ADDRESS	·	3	A. CITY-ST-ZIP			}
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NAME	·		2 NAME		•	1
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CITY-ST-ZIP			4 CITY-ST-ZIP		☐ Change ☐ Ad	dition
TITLE			2 NAME			1
NAME	•		3 STREET ADDRESS			:
STREET ADDRESS		•	ACITY-ST-ZIP			1 1

14. 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 suppliemental 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 apraiddress, with all other like empowered.

SIGNATURE:

(954)782-1492