1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048907

1. Corporation Name

SAYF ENTERPRISES, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90100 047 ***150.00



		, <u>_</u>								
Principal Place of Business Mailing Address										
2721 FORSYTH	RD #258			.30	730 (0 10					
WINTER PARK I	PARK FL 32792 WINTER PARK FL 32792				DO NOT WRITE IN THIS SPA			SDACE		
					3 Date I	ncorporated or Qualifed		SFACE		٦
		v			1	5/1996				
2. Principal Place of Business 2a. Mailing Address					4. FEI N	umber		A	pplied For	1
216550	international			59-33	380403		N	lot Applicable]	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State City & State					6. Election	on Campaign Financing	F***	\$5.00	May Be	7
Orlando FC 28					Trust I	Fund Contribution			to Fees	_[
Zip Country Zip Country					Ø.) This c	orporation owes the cur	rent year Inti	angible .		
24 328	319 25 Ovance	29 30			Person	nal Property Tax.		☐ Yes ·	·) Z]No	
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name	and Address of New	Registered /	Agent /	<u> </u>	4
			81	Name						
SAYF-AL-NASR, MANSOUR					ddress (P.O. Bo	x Number is Not Accept	able)			1
2721 FORSYTH RD #258							·			-
AANIA	TER PARK FL 32792		83	3						
			84	4 City			FL	85 Zip	Code	1
dd Diwarat	to the provisions of Sections 607.0502	and 607 1509 Florida Statutes	the abov	re-named o	ornoration subm	its this statement for the		obonging its	s registered	-
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	Florida, Such change was authons of, Section 607.0505, Florida	orized by Statute	y the corpo s.	ration's board of	directors. I hereby acce	pt the appoir	∩tment as r	egistered	
SIGNATURE		- Cul								ļ
	Signature, typed or printed name of registered agent	,		ent signature re	quired when reinstating		DATE	O DIDECT	ODE IN 12	┦ :
12.	OFFICERS AND		13.		ADDITE	ONS/CHANGES TO OF	FICERS AN	Change		1
TITLE	D	☐ DELETE	1.1 TITLE				. •	~		
NAME (SAYF-AL-NASR, MANSOUR		1.2 NAME		(1550	Interna	trana	J ()V.	# 102	1:
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NAME			2.2 NAME	Į.						Į.
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STREET ADDRESS			4.3 STRE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-					Chross	Addition	+
TITLE		☐ DELETE	5.1 TITLE					☐ Change		1
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CITY-ST-ZIP			5.4 CITY- 6.1 TITLE					☐ Change	Addition	,-
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NAME			6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS						_

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 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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #