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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000057057 (7)

HAJI IV CORPORATION

FILED Mar 11 1998 8:00am Secretary of State

1 1 10 11	JOIN OWNION					
Principal Place	e of Business	Mailing Address				
8300 W FLAGLER ST 8300 W FLAGLER ST						
MIAMI FL 33144 MIAMI FL 33144						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 07/03/1996
⊢ ⊸ '	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						65-0693599 Not Applicable
	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22 City 8 Ctats	City & State City & State					Fee Required
23 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip Cou			ntry		8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
	SHIR, ALAMGIR			81	Name	
12054 SW 117 TERR				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
MI	AMI FL 33186			83		
				B4	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050?	and 607 1508, Florida Statu	tos, the at	ove-i	named co	prporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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. I am familiar with, and accept the objection 607.0505, Florida Statutes.						
SIGNATURE Huy 18						
	Signature, typed or contect harvoord registered agent	and title if applicable (NO	II Registered	Agent	signature req	quired when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PACHID ALAMOID	DELETE	1.1 10		l	Change Addition
NAME	BASHIR, ALAMGIR		1.2 NA			TAMIL AHMED 1052- 3W. 146APC MILLIMO PC-32TH Change Addition
STREET ADDRESS					odress (1.50 - 441 146A/C
CITY-ST-ZIP	MIAMI FL 3306	DELETE		Y-ST-	ZIP	MINAMO 12 - 33/86
TITLE	ABID, MOHAMMAD SHAFI	□ DELETE	2.1 1/1			Change Addition
NAME	4400F OUI 440 DI		2.2 NA			EKFAN ABID.
STREET ADORESS	MIAM FI DA C				DDRESS :	2101 - 1 1 1 1 1 1 1
CITY-ST-ZIP TITLE	MINIMITE ->180 1	DELETE	3.1 TiT	1Y-ST-	ZIP	11825 Sw 11986 Change Addition
NAME			3.7 NA			Miam to 5200 - Orange - Modition
STREET ADDRESS					ODRESS	
CITY-ST-ZIP				1Y-S1-		
TITLE		DELETE	4.1 10		ZIF	Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS					DDRESS	
CITY-ST-ZIP				IY-ST-		•
TITLE		☐ DELETE	5.1 TIT		-	Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS	•		5.3 ST	REET AC	OORESS	
CITY-ST-ZIP			5.4 CII	Y-\$T-	ZIP	
TITLE		DELETE	6.1 TIT	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			63 ST	REET AC	DAESS	
CITY-ST-ZIP				Y-\$1-		
14. I hereby c	ertify that the information supplied with	this filing does not qualify f	or the exe	mplio	n stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation or supplemental minutal 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.

SIGNATURE:

(305) 378-6444