COF ANNL	PROFIT RPORATION JAL REPORT 1997	OI	Sandra B. I Secretary (VISION OF CO	of State	Sep 05 Secre	1997 8: tary of \$	00am State	
DOCUI 1. Corporatio	MENT # 196000	00 G213	3-1/1			J		
ALi Principal Plac	DISCOUNT Store of Business	YE IN Mailing Addr	C.		·			
	7116 LAUrel LANE				:	America		
	Miami Lakes, FL 33014				'	3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal P	face of Business	2a, Mailing A		1	7-25-96 4. FEI Number		pplied For	
21		26			65-0725506		ot Applicable	
Suite, Apt.	() (1)	Suite Apt		N 1.6 .	5. Certificate of Status Desired	1 1 '	Additional lequired	
City & State	PINEWBOD WAY	27 % 41 City & Sta	PINENO	-1 W/44	6. Election Campaign Financing		May Be	
13 LIVE	OAK Floring	28 LIVE (Dak 1	-lorion	Trust Fund Contribution		to Fees	
^{Zp} 4 3202	Country 25 Suppose	29 23 63	C 31	Country SUMANNEE	8. This corporation has liability Florida Statutes	for intangible tax under: XX Yes No	s. 199.032,	
4 Jaca	9. Name and Address of Curre		nt	JUW/1/VIVE E	10. Name and Address of New			
	AAMIT Ali	Q 20TANT		61 Name				
	HAMIT Ali	EKDING		82 Street	Address (P.O. Box Number is Not Accep	otable)		
	RT 10 Box (131		B3				
	CAKE City, Fl	1202"	5	84 City		85 Z ₁ p	Code	
	į ·					FL	Î	
office or r	to the provisions of Sections 607.05 legistered agent, or both, in the Stat im familiar with, and accept the obligation and the provisions of the provision of the provisions of the provisio	re of Horida. Such el	nange was aut	horized by the corr	corporation submits this statement for the oration's board of directors. I hereby ac	ie purpose of changing cept the appointment as	its registered s registered	
SIGNATURE	Signature Typed or printed hamic of regish red a	gest and title if applicable	(NOTE R	registered Agent signature	required when reinstating)	DATE		
12.		ND DIRECTORS	DELFTE	13.	Pres DENT TREASURY	FICERS AND DIRECTO	RS IN 12 G	
TITLE NAME	Shaukat Ali Per	RTANI	EDITITI	1 2 NAME	AAMIN Al. PEIBLAN		Z 110011001 C	
STREET ADDRESS	17116 601166 6	ANE		1.3 STREET ADDRESS	RT 10 BOX 431			
CITY-ST-ZIP	Miami Fla	33014	1 per ere	1.4 CITY - ST - ZIP	CAKE City, Fl. 320) 100 100 100 100 100 100 100 100 100 10	
TITLE		L] DELET é	2 1 TITLE 2 2 NAME		L Change	Addition C	
NAME STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP				2 4 CITY-ST-7IP				
TIFLE		L] DELETE	3 1 TH LE		☐ Change	☐ Addition	
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE			DELETE	4.1 TITLE		☐ Change	Addition	
NAME				4. 2 NAME			PC	
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CHY-ST-7/P			7.5	
TITLE			DELETE	5 1 DTCE		Change	Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-S1-ZIP TITLE			DELETÉ	5.4 CHY - \$1 - 7IP 6.1 TITLE		Change	Addition	
NAME				6 2 NAME	2000022 -09/09/9701	88242		
STREET ADDRESS				6.3 STREET ADDRESS	-09/09/9701 ***61.25	U43U1D		
	İ			6.4 CITY - ST - ZIP	やかがひ1・△ つ		ĺ	
CITY-ST-ZIP 14. I do herel	by cert ify that the information suppli	ed with this filing do	es not qualify f	for the exemption s	ated in Section 119.07(3)(i), Florida Sta that my signature shall have the same t	utes. I further certify tha	the	

Agnir M. PERBTANI SIGNATURE: