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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600065734 (1)

S.F.N. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Jul 10 1998 8:00am Secretary of State



5730 WEST HALLANDALE BEACH BOULEVARD WEST HOLLYWOOD FL \$3023		5730 WEST HALLANDALE BEACH BOULEVARD WEST HOLLYWOOD FL 33023		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 08/06/1996	_,
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0686709	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip 24	Country 25	Zip 29	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		Agent	
AN	MERILAWYER CHARTERED		81	Name		
34	3 ALMERIA AVENUE DRAL GABLES FL 33134		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
00	DHAL GADLES PL 33134		83			
			84	City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PSID	☐ DELETE	1.1 TITLE			Change Addition
NAME	MUHAMED, NAWAZ H		1.2 NAME			
STREET ADDRESS 5730 WEST HALLANDALE BEACH		ACH BOULEVARD WEST	1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		1.4 CITY- 5	61 - ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	•		2. 4 CITY -	ST-ZIP		
TITLE	*	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			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-5			
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME		_	5.2 NAME			45
STREET ADDRESS			5.3 STREET	ADDRESS		のノ、
CITY-ST-ZIP	1		5.4 CITY - S	1		71.10
TITLE		DELETE	6.1 TITLE		·	☐ Change ☐ Addition
NAME			6.2 NAME		6000025864	56
STREET ADDRESS	•			ADDRESS	-07/ 13/9801057025	
CITY-ST-ZIP	_		6.4 CITY - 5		***150.00	
	certify that the information supplied with	n this filing does not qualify fo		N		ertify that the information
14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Forida 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 trusted 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 bin an attachment with an address.						