## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000066137 (6)

FILED Jul 29 1997 8:00am Secretary of State

FRIEN	DS UNITE INCORPORATED									
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POMPANO BEACH FL 33080 POMPANO BEACH FL 330			0			DO NOT WRITE IN THIS SPACE				
						3. Date	e Incorporated or Qualified		te of Last R	eport
		,					/08/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI	Number		TAI	oplied For
21 26						65	-0684639		No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						E Cori	tificate of Status Desired		\$8.75	Additional
27						<b>9</b> , C81	incate of Status Desired		Fee Re	equired
City & State City & State							tion Campaign Financing	_		May Be
23	28						t Fund Contribution	<u>L.l</u>		to Fees
Zip	Country	Zip	Cour	itry			corporation owes or has			
24	9. Name and Address of Curre		30]				sonal Property Tax due Jur ne and Address of New F			No
111		ir indiatolog Whalir		<b>B1</b> N	Vame	10, 1161	IIO GIIG AUGIDES OI NEW F	rodierei en 1	- Paint	····
MAZUMDER, MOSHAFIQUR										
11105 S.W. 200TH STREET				82 Street Addr			Box Number is Not Accept	able)		
APT. 207, BLDG. 5 MIAMI FL 33157				83 1	10850	54	200 Drive	<del>101 t</del>	+261	<del>(5)</del>
19714	-WHI FE 33107		L	•						
				<b>64</b> C	Dity 1717	לנמ ב	1=4.	٥	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508. Florida Statute	s the ab	OVE-D	amed corpo	ration sub	omits this statement for the	nurpose of	changing i	s registered
office or	registered agent, or both, in the State	of Florida, Such change was at	dborized	hv th	e corporatio	n's board	f of directors. I hereby acc	ept the app	ointment as	registered
_	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ioa Siaic	лes.			. (	57-25	-97	
SIGNATURE	Signature, typed or printed name of registered ag	and title if applicable (NOTE.	Registered	Agent s	ignature required	d when reinst		DATE	- ' '	<del></del>
12.	OFFICERS AN	D DIRECTORS	13.		·	ADDI	TIONS/CHANGES TO OFF	ICERS AND	DIRECTOF	RS IN 12
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14. I do 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 trustage 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 edgress.

SIGNATURE MONTHREE

07-25-17

305-246-0903