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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600069696 (8)

SADRUDDIN ENTERPRISES, INC.

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Principal Place of Business Mailing Address						T 14811881 FID TOTTE BEIND AND AND BUILD NOTICE BUILD BOTTON BUILD				
20560 N.E. BTH NORTH MIAMI	I COURT FL 33178	20560 N.E. 8TH COURT NORTH MIAMI FL 33179-1922								
						3. Date Incorporated or Q 08/21/1996	ualified	<b>3a.</b> Da	ate of Last F	leport
2. Principal Pi	ace of Business	2a. Mailing Address				4: FEI Number	. ~			pplied For
21		26				65-0691	65 Z	16		ot Applicable
Sulte, Apt. :		Suite, Apt. #, etc.				5. Certificate of Status Desired Security Section 5. Security Secu				
City & State		City & State			,	<ol><li>Election Campaign Fina Trust Fund Contribution</li></ol>	-			May Be to Fees
Zip	Country	Zip	Counti	У		8. This corporation has lia				s. 199.032,
24	9. Name and Address of Current	[30]	o] 			Florida Statutes		Yes [		
040	IO. Name and Address of	New He	gisterea	Agent						
SADRUDDIN, AMIN					10					
20560 N.E. 8TH COURT			82 Street Address (P.O. Box Number is Not Acceptable)				ile)			
NUH	RTH MIAMI FL 33179		8:							
			"	<b>'</b>						
		•	84	City				FL	85 Zip	Code
Office or re	to the provisions of Soctions 607.0502 ogislered agent, or both, in the State om familiar with, and accept the obliga	of Florida. Such change was aut	horized b	ov the co	ed corpora orporation	tion submits this statement is board of directors. I here	for the p by accer	urpose o at the app	f changing i sointment as	its registered registered
SIGNATURE										
<del> </del>	Signature, typed or printed name of registered ages		:	gent signat	lure required w	Applition(CUANCEC	IO OFFIC	DATE COO AND	DIDECTO	20 11 10
12.	OFFICERS AND	DIRECTORS	<b>13.</b> 1.1 TOLE		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES 1	OUFFIC	ENS AND	Change	Addition
NAME	SADRUDDIN, AMIN	E., 51.1.10	1.2 NAME		AL	LI, AMIN SI	9 BKU	DOIN	/	
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CITY-ST-ZIP	NORTH MIAMI FL 33179		1,4 C(1)Y-		" D,	LI, AMIN SI HYG STOKLI		33 <b>B</b>	14	
TITLE	VID	DELETE	2.1 7/11/	51-211					Change	Addition
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NAME			3.2 NAME							
STREET ADDRESS		•	3.3 STREE	1 ADORES	s					
CITY-ST-ZIP			3.4 CITY	S1-ZIP						
TITLE		☐ DELETE	4.1 TOTLE						Change	Addition
NAME			4. 2 NAM	E.						
STREET ADDRESS			4.3 S18E	1 ADORES	S					
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TITLE		☐ DELETE	6 1 7(1LE						Change	Addition
NAME			62 NAME							
STREET ADDRESS			63 STRE	1 ADORES	S					

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 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.