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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State

| DOCUMENT | # | P96000084045 | (9) |
|----------|---|--------------|-----|

| TINY'S 3 | 8801, INC | | | | | | | |
|---|--|---|-----------------------|------------------|---|--|--|--|
| Principal Place 3801 N.W. 12TH MIAMI FL 33143 | i avenue | Mailing Address 3801 N.W. 12TH AVENUE MIAMI FL 33127-3010 | | | | | | |
| | _ | | | | 3. Date Incorporated or Qualified Sa. Date of Last Report 10/11/1996 | | | |
| 2. Principal P | race of Business | 2a. Mailing Address | | | 4. FEI Number 65 - 0698487 Applied For Not Applicable | | | |
| Suita, Apt | #, etc | Suite, Apt. #, etc. | | | 5 Cartificate of Status Desired Status Resired \$8.75 Additional | | | |
| City & State | | City & State | | | Fee Required | | | |
| 23 | u | 28 | ı | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Ziρ | Country | Zip | Country | 1 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 24 | 25 9. Name and Address of Current | | 10 | | Florida Statutes LY Yes L No 10. Name and Address of New Registered Agent | | | |
| MAS | HNI, HASSAN | | 81 | Name | | | | |
| 3801 | N.W. 12TH AVENUE | | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptable) | | | |
| MIA | VII FL 33142 | | 83 | | | | | |
| | | | 63 | | | | | |
| | | | 84 | City | F1 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 farm far with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. | | | | | | | | |
| | Signature Typest or printed name of register of agent | | | ent signature re | equired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 12. | OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| NAME | MASHNI, HASSAN | | 1.2 NAME | | | | | |
| STREET ADDRESS | 7936 FAIRWAY BOULEVARD | | 1.3 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | MIRAMAR FL 33023 | Doriese | 1.4 GITY - S | ST-ZIP | | | | |
| TITLE | | [] DELETE | 2.1 TITLE 2.2 NAME | 1 | Change Addition | | | |
| STREET ADDRESS | | | | ADDRESS . | | | | |
| C/TY-ST-7IP | | | 2. 4 CITY- | 1 | | | | |
| TELE | | DELETE | 3.1 TITLE | | Change Addition | | | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADORESS | | | 3.3 STREET | T ADDRESS | ' | | | |
| CITY-SU ZIF THEE | | DELETE | 41786 | 21-7IL | ☐ Change ☐ Addition | | | |
| NAME | | | 4 2 NAME | | · | | | |
| STREET ADDRESS | | | 43STREET | ADDRESS | | | | |
| C *Y - \$1 - 76° | | DELCTE | 4.4 CITY - 5 | ST-ZIP | Change Addition | | | |
| THE | | DELETE | 5.1 TITLE 5.2 NAME | | Change Addition | | | |
| NAME STREET ADDRESS | | | | r address | : | | | |
| CITY - ST- 7IP | | | 5.4 CITY - 5 | - 1 | | | | |
| 71116 | | ☐ DELETE | 6.1 TITLE | | Change Addition | | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADORESS | | | 63 STREET | TADDRESS | | | | |
| CITY-S1-7.9 | and a residual flows that a state of the sta | with this that does not qualify | 64 CHT - S | | sted in Section 119 07(3)(i) Florida Statutae I further partity that the | | | |

. I do hereby certify that the information supplied with this (fint) 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 for supplemental fanual report is true and a curate 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 impowered to excute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 of Anagord, or on an attachage the whylen address.

SIGNATURE

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

0/06/97

Daytime Phone #