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

DOCUMENT # P96000093316 (3)

1. Corporation Name KARACHI BAZAAR INC. Principal Place of Business Mailing Address 5260 W IRLO BRONSON HWY. SUITE 102 SUITE 102										
KISSIMMEE FL 34746 KISSIMMEE FL 34746-5349							3. Date Incorporated or Q 11/13/1996	ualified 3a.	Date of Last Re	eport
2. Principal Place of Business 2e. Mailing Address							4. FEI Number	<i>A</i>	Ap	plied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							59-3412		\$8.75 A	t Applicable
27					····		5. Certificate of Status De	sired L	Fee Re	
├ 1				City & State			6. Election Campaign Fina		\$5.00	
Zip Country				Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29		29	30			Florida Statutes 🔀 Yes 🗌 No			
9. Name and Address of Current Registered Agent						Name	10. Name and Address of	New Register	ed Agent	
NAJAM, MOHAMMAD 5280 W1840 BRONSON HWY. SUIDE 102 KISSIMMEE FL 84748						Street Add	Igbal Moha refe (P.O. Bok Number is Not 5260 W. Irlu	Acceptable) Bron sen		
11. Pursuant office or agent. I a SIGNATURE	registered ag am familiar w	gent, or both, in the	7.0502 and 607.1508, State of Florida. Such obligations of Section obligations of Section and agent and title Lapplicable S AND DIRECTORS	change was au 607.0505, Flor	uthorized by rida Statute	e-named corp y the corpora s.	oration submits this statement tion's board of directors. I here ared when reinstaturg)	for the purpos by accept the a	e of changing its appointment as it	registered
TITLE	DELETE.				11 TITLE			<u></u>	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	REET ADDRESS 5280 W IRLO BRONSON HWY. STE 102 KISSIMMEE FL 34746					ADORESS				
TITLE NAME STREET ADDRESS	MOHAMHAD IABAL 5260 W. IRLO BRONSON HUY STE 102				2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS			☐ Change	Addition
CITY-ST-ZIP	the second of th				2 4 CITY-					
TITLE	DELETI			DELETE	3.1 TITLE				☐ Change	Addition
NAME Street address					3.2 NAME 3.3 STREET	ADDRESS				
City-St-ZIP	ļ	·		7 5.0. 500	3.4. CITY	ST-ZIP				
TITLE			L	_ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME Street Address					4 2 NAME 4.3 STREET	ADDRESS				{
CITY-ST-ZIP	ļ				4.4 CITY - S					
TITLE				DELETE	5.1 TITLE				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET					
CITY-ST-ZIP		 		DELETE	54 CHY-5	1-7IP			Change	Addition
TITLE Name			L	→ METCHE	6.1 TITLE 6.2 NAME				□ cuange	Addition
STREET ADDRESS					6.2 NARVIE 6.3 STREET	ADDRESS				1
CITY ST. 74P					CACITY					

6.4.CIY-SI-ZIP

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 each; 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.

SIGNATURE:

FILED

Apr 25 1997 8:00am

Secretary of State