## 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 #

P96000097675 (8)

2024, INC.

## FILED Apr 01 1998 8:00am Secretary of State



22. Principal Place of Business   2a. Melling Address   2a. Melling Address   4. FEI Number   Applied for 12/03/1996   12/	Principal Place	of Business	Mailing Address				Compients of an animal state matter matter anti-	INTERNATION		
MAM FL 33147	2024 NW 95TH ST		<del>-</del>	2024 NW 95TH ST						
2. Principal Place of Business										
12/3/1986	1					\ -		SSPACE		
Suite, Apit #, etc  Suite,							12/03/1996			
Suito, April #, etc. 2   Suito, April #, etc. 3   Suito, April #, etc. 4   Suito, April #, etc. 4   Suito, April #, etc. 5   Suito, April #, etc. 5   Suito, April #, etc.	<del></del>	ace of Business	- n	l mag					<del></del>	
City & State 22 City & State 23 City & State 28 City & State 29 Country 29 Apr							65-0713414		Not Applicable	
28	22		27	27			5. Certificate of Status Desired			
Zop   Country   Zop   Country   Zop   Country   Zop   Country   Zop   Country   Zop   Sop   So			F · - 1	F · - 3						
25   25   26   26   26   26   26   26		Country	· · · · - · • · • · • · · · · · ·	·			<del></del>			
DANIAL, KARIM 2024 NW 95TH ST MIAMI FL 33147  191  191  191  192  193  194  195  194  195  195  195  195  196  197  197  197  198  197  198  198  198	·	∮*-¬	h)	$\vdash$	en iti y	1	,			
DANIAL, KARIM 2024 NW 95TH ST MIAMI FL 33147  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Be City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  89 City FL 85 Zip Code  80 City Street Address (P.O. Box Number is Not Acceptable)  80 City Fl 85 Zip Code  80 City Fl 85 Zip Code  80 City Fl 85 Zip Code  80 Z	24				T					
### DANIAL, KARIM DANIAL DANIAL, KARIM DANIAL DANIAL, KARIM DANIAL DANIAL, KARIM DANIAL DANIA	DAI				81 1					
MIAMI FL 33147    83					L L_					
B3   B4   City   FL   B5   Zip Codo					82 5	street Address	(P.O. Box Number is Not Acceptable)			
### Parsuant to the provisions of Sections 607 0'402 and 607 1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registore of eagent. I am familiar with, and accept the obliginations of, Section 607 6505, Florida Statutes.  ### Signature	1 1911	um 1 C 00 171			83			•		
### Parsuant to the provisions of Sections 607 0'402 and 607 1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registore of eagent. I am familiar with, and accept the obliginations of, Section 607 6505, Florida Statutes.  ### Signature					94	Dis.,		Top 7	in Code	
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PSTD DANIAL, KARIM STREET ADDRESS 2024 NW 95TH ST TITLE NAME STREET ADDRESS CITY-S1-ZIP MIAMI FL 33147  DELETE 11 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP STR						,			•	
SIGNATURE   Signature, typed or perfect facine of treg-power angled int of logic leaded.   NOTE Registered Agont agricular required when receding)   DATE	11. Pursuant to office or re	o the provisions of Sections 6 ogistored agent, or both, in th	07.0502 and 607.1508, Florida St e State of Horida, Such change w	atutos, the a as authorizo	bave-n d by th	amed corpora e corporation	ation submits this statement for the purpose is board of directors. I hereby accept the ap	of changin pointment	g its registered as registered	
CROIT   Popularies and previous and previous and provided and and previous and provided and pr		n familiar with, and accept thi	e obligations of, Section 607.0505	, Florida Stal	tutes.					
DELETE	SIGNATURE			NOTE: Flegistore	d Agent s	gnature required w				
NAME   DANIAL, KARIM   2024 NW 95TH ST   1.3 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33147   14 CITY-ST-ZIP     Change   Addition	12.			13.			ADDITIONS/CHANGES TO OFFICERS AF			
STREET ADDRESS   2024 NW 95TH ST	TITLE		DETELE	1.1 TI	TLE			Chan	ge Addition	
CITY-ST-ZIP	NAME			1.2 N	AMÉ					
TITLE	STREET ADDRESS			1.3 \$1	FREET ADE	DRESS				
NAME		MIAMI FL 33147		14 CI	1Y - ST - Z	IP .				
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CHY-ST-ZIP	TITLE		DELETE	2 1 T/	TLE	ł		Chang	ge 🔲 Addition	
CITY-ST-ZIP	NAME			2.2 N/	<b>AME</b>	1	•			
TITLE         DELETE         31 TITLE         Change         Addition           NAME         32 NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         33 STREET ADDRESS         CITY-ST-ZIP         TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         STREET ADDRESS         CITY-ST-ZIP         44 CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.4 CITY-ST-	STREET ADDRESS			2.3 S1	REET ADD	DRESS				
NAME	CITY-ST-ZIP			2.40	ITY-ST-Z	7IP				
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.5 STREET ADDRESS   4.5 S	TITLE		[]] DETEJE	3.1 70	TLE	1		Chang	ge 🔲 Addilion	
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP	NAME			32 N/	AME	1				
TITLE         DELETE         4.1 TILE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.4 CITY-ST-Z	STREET AODRESS			3.3 ST	REET ADD	ORESS				
NAME  \$TREET ADDRESS  CITY- \$1-2!P  \$1 DELETE  DELETE  \$1 TITLE  DELETE  \$5.1 TITLE  \$5.2 NAME  \$5.2 NAME  \$5.2 NAME  \$5.3 STREET ADDRESS  CITY-\$1-2!P  \$5.4 CITY-\$1-2!P  \$5.4 CITY-\$1-2!P				3.4. C	11Y-S1-7	riP .				
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP			☐ DELETE					∟ Chang	ge 🔲 Addition	
CITY-ST-ZIP	NAME			4. 2 N	AME	- 1				
TILE         DELETE         5.1 TILE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	1			1		1				
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP						IP .				
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP				5.1 1/1	ILF	<b>!</b>		Chang	ge 🔲 Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME		T DETEIF							
			[_] DECEIE	5.2 NA	ME					
Tifle   □ Change □ Additio			L'I DECEIE			DAESS				
	STREET ADDRESS CITY-ST-ZIP			5.3 \$1	REET ADD	1				
NAME 62 NAME	STREET ADDRESS			5.3 ST 5.4 Ci	REET ADD TY-ST-ZI	1		☐ Chang	je 🔲 Addition	
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS  CITY-ST-ZIP  TITLE			5.3 ST 5.4 CI 6.1 TIT	reet add Ty-st- <i>zi</i> Ilf	1		☐ Chang	je 🔲 Addition	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.3 ST 5.4 C/ 6.1 T// 6.2 NA	reet add T <u>y-st-</u> Zi Ile Me	IP		☐ Chang	ge	

1. I hereby certify that the information supplied with this filling 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 supplicational 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.

SIGNATURE:

KINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-4-98

Davieue Phone # 021250