

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000100960
 1. Corporation Name
PARVEEN CORPORATION

Principal Place of Business Mailing Address
602 SOUTH FEDERAL HWY
DANIA, FL. 33004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0792740	Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Date Incorporated or Qualified
12.13.96

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAHAMMA MAZUMDER S. HOSSAIN 602 S. Fed Hwy DANIA FL. 33004				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **MAZUMDER HOSSAIN, PRESIDENT** 3-23-98
Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P			1.2 NAME			
STREET ADDRESS	MAZUMDER S. HOSSAIN			1.3 STREET ADDRESS			
CITY-ST-ZIP	602 S. Fed. Hwy			1.4 CITY-ST-ZIP			
	DANIA, FL 33004			2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.2 NAME			
NAME				2.3 STREET ADDRESS			
STREET ADDRESS				2.4 CITY-ST-ZIP			
CITY-ST-ZIP				3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP				4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.2 NAME			
NAME				4.3 STREET ADDRESS			
STREET ADDRESS				4.4 CITY-ST-ZIP			
CITY-ST-ZIP				5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY-ST-ZIP			
CITY-ST-ZIP				000002549810 -06/05/98--01103--005 ***150.00			

14. I 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.

SIGNATURE: *[Signature]* **MAZUMDER S. HOSSAIN** 3.23.98 954-922-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CFR2034 (10/97)