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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000103796

1. Corporation Name

MARKATIA EQUITIES, INC.

Principal Place of Business

Mailing Address

1500 WEST CYPRESS CREEK ROAD STE 306

1500 WEST CYPRESS CREEK ROAD STE 306

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90099 045 ***150.00



FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or Qualifed		وسعتب وينوت		=	
						12/27/1996					
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4. FEI Number			plied For		
21 26						65-0724967			t Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, e	etc.			5. Certifcate of Status Desired		\$8.75			
22		27						Fee Re			
City & State	,	City & State				6. Election Campaign Financing		\$5.00			
23		28		4		Trust Fund Contribution		Added t	o Fees		
Zip	Country	Zip	استا			8. This corporation owes the curre			□No		
24	25	29]	30	_		Personal Property Tax. 10. Name and Address of New Ro					
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New K	-gistoreu A	igoric .			
MAR	KATIA, MOHAMMED A	·									
	W CYPRESS CREEK RD		8			2 Street Address (P.O. Box Number is Not Acceptable)					
STE											
	AUDERDALE FL 33309			83							
116	AUDENDALL I L 30009			84	City		FL	85 Zip (Code		
				Ш				hanaina ita	rogistorod -		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such chang	e was autnonzed	ו עס נ	tne corporati	poration submits this statement for the pon's board of directors. I hereby accept	the appoin	tment as re	gistered		
	The state of the s										
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registered	Agen	t signature require	ed when reinstating)	DATE			6	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			Š	
TITLE	PD	☐ DE	LETE 1.3 TI	TLE				☐ Change	☐ Addition	Ξ	
NAME	Markatia, mohammed a		1.2 N	ME.	}					Š	
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CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 C	TY-ST	r-ZIP					ò	
TITLE		□ DE	LETE 2.1 TI	TLE				Change	☐ Addition	C	
NAME			2.2 N	AME	Ì					1 -	
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TITLE		☐ DE						Change	☐ Addition	1	
NAME			· - 14:2N	AME			_			-	
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TITLE								Change	☐ Addition	ĺ	
NAME			5.2 N	AME						ĺ	
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CITY-ST-78P			6.4 C	TY-S1	r-ZIP					ĺ	
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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, with all other like empowered.