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

PROFIT CORPORATION ANNUAL REPORT

1998



HI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000104281 (6)

BENGAL DELTA, INC.

Principal Place of Business Mailing Address					I HODINGOL LIN COLO BANK DOUL DONN COLOR	ITAN BASIT ATATA ŞIBAL SATAT ISAL IRAL
298 NW 42ND AVENUE MIAMI FL 33128		298 NW 42ND AVENUE MIAMI FL 33126		DO NOT WRITE IN 1	THIS SPACE	
					 Date Incorporated or Qualified 12/31/1996 	
2. Principal P	lace of Business	2a. Mailing Address	·		4. FEI Number	Applied For
21		26			65-07 12664	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip Country		Zip	 		8. This corporation owes or has paid the current year Intangible	
24	25 29		30		Personal Property Tax due June 30. X Yes No	
	g. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registe	ered Agent
	LAMGIR, MOHAMMED		[81	ivaine		
I	261 NW 8TH STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	UITE 424		83	ļ		
į M	IIAMI FL 33128		63			
			84	City		FL 85 Zip Code
office or re	to the provisions of Sections 607.030 ogistered agent, or both, in the State on familiar with, and accept the oblig	of Florida, Such change was a ations of, Section 607,0505, Flo	authorized b orida Statute	y the corp s.	corporation submits this statement for the purporation's board of directors. I hereby accept the	use of changing its registered pappointment as registered
12,		ID DIRECTORS	13.	- I a grantor .	ADDITIONS/CHANGES TO OFFICERS	·····
TITLE	PD	DELETE	111111			Change Addition
NAME	ALAMGIR, MOHAMMED		1.2 NAME			
STREET ADDRESS	8261 NW 8TH STREET, #4	24	1.3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY -	ST-ZIP		
TITLE	V DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	RAHMAN, SHIREEN		2 2 NAME			
STREET ADDRESS	8261 NW 8TH STREET, #4	24	2 3 STREE	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2 4 CITY-	ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE	l		☐ Change ☐ Addilion
NAME			3.2 NAME	ŀ		
STREET ADDRESS			3 3 STAFE	TADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE		∟ DELET E	4.1 THTLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS	:		4.3 STREE	ADDRESS		,
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		☐ briti e	5.1 T() (£			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		- Division	5.4 CHY-	51 - 7IP		T 41255
TITLE		DELETE	61 TITLE	- (Change Addition
NAME			6.2 NAME			
STREET ADDRESS			TARTE 6 A B	L SSEGULA I		

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the todewer 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 or an attachment with an address

ALAMGIR

FILED

Apr 29 1998 8:00am

Secretary of State