

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Sep 16 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P97000002178 (6)**

1. Corporation Name

**PAKARAIMA FIBER OPTICS, INC.**

Principal Place of Business

**7200 FAIRWAY DRIVE #H9  
MIAMI FL 33014**

Mailing Address

**7200 FAIRWAY DRIVE #H9  
MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/16/1997**

4. FEI Number

**65-072 7784**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**ALLY, MAHAMOOD  
7200 - H9 FAIRWAY DRIVE  
MIAMI FL 33014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ALLY, MAHAMOOD</b>	
STREET ADDRESS	<b>7200 - H9 FAIRWAY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33014</b>	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	<b>ALLY, DEBORAH</b>	
STREET ADDRESS	<b>7200 - H9 FAIRWAY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33014</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002645709**  
**-09/22/98--01005--046**  
**\*\*\*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

**MAHAMOOD ALLY**

CR2E034 (5/98)



## **Pakaraima Fiber Optics, Inc.**

7200 Fairway Drive, H-9 \* Miami Lakes, FL 33014  
Telephone/Fax (305) 823-8640  
Email: Pakaraima@aol.com

August 12, 1998

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madame,

I received the 2nd notice of renewal from your office. I was living in St. Petersburg, Florida and just moved back to Miami, Florida.

As per my conversation with an officer with the Division of Corporation, I was advised to explain the nature of the situation and to mail in a check for \$150.

Thank you in advance!

Yours truly,

Mo Ally  
President