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 # - P9600065067 (6) - JASMINE'S MIDDLE EASTERN CUISINE CORP. P 9700003035

RESTAURANT INC.

FILED Jun 01 1998 8:00am Secretary of State



Principal Plac	te of Business	Mailing Address		
5547 WEST		5547 WEST 27TH AVE		
HIALEAH FL 33016 HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/05/1996 0//13/97
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 956			27th a	-65-0699349- 65-0721445 Not Applicable
Suite, Apt.	√	Suite, Apl. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	10	City & State		6. Election Campaign Financing \$5.00 May Be
23 M/F	Aui PL,	28 HALFAH	PL.33016	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3 3	186 25	29 330/6	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
į VA	AIDYA, BAYI SUED	AHMAD	81 Name	
VAIDNA, RAVI SYED AHMAD 5547 VIRST 27TH AVE 5547 W 27H MUC 82 Street Address HIALBAH FL 33016 HIALBAH FL 33016				dress (P.O. Box Number is Not Acceptable)
HI	ALBAH FL 33016 High	5AH PL 33011		
	, ,		83	
			84 City	85 Zip Code
			O4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Flori da Sta lules	s, the above-named cor	rporation submits this statement for the purpose of changing its registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligate	l Florida. Such ch ange wa s au ons of. Section 60 7.0505. Flo r	athorized by the corpora ida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	20-10-		4	11/1 45
SIGNATURE	Signature, typed or printed name of registered agent.	and tile it applicable. (NOTE:	SUBD ATTO Registered Agent signature requ	uired when reinstating) DATE.
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Anjùm, Maveed		1.2 NAME	
STREET ADDRESS	5547 MEST 27TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIACEAH PI, 33016		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	Change Addition
NAME	SUED AHMAD		2.2 NAME	
STREET ADDRESS	5547 12 276 A	ul.	23 STREET ADDRESS	
CITY-ST-ZIP	HALEOH PLS	3014	2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	1		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CHY-ST-ZIP	1 /
TITLE		DELETE	4.1 TITLE	hange Addition
NAME			4.2 NAME	
STREET ADORESS	1		4.3 STREET ADDRESS	$\rightarrow \sim \sim$
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			54 CITY-ST-ZIP	
TITLE		DELETE	6 1 TITLE	Change Addition
NAME			62 NAME	200002543642
				-06/02/9801021 014
STREET ADDRESS			63 STREET ADDRESS	***150.00
CITY-ST-ZIP			64 CITY-ST-ZIP	**** ") (

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 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.