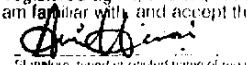


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 97000005974 1. Corporation Name ARIF & ASSOCIATES, INC.					
Principal Place of Business 11129 NW 39 ST SUNRISE, FL 33351			Mailing Address		
2. Principal Place of Business			3. Date Incorporated or Qualified 1-15-97		3a. Date of Last Report
21	Suite, Apt. #, etc.		26	4. FEI Number 65-0713485	
22	City & State		27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country		29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent ARIF HUSAIN 11129 NW 39 ST. SUNRISE, FL 33351			10. Name and Address of New Registered Agent		
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.			81 Name		
SIGNATURE 			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
12. PRESIDENT OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE ARIF HUSAIN			1.1 TITLE		
2. NAME 11129 NW 39 ST			1.2 NAME		
3. STREET ADDRESS SUNRISE, FL 33351			1.3 STREET ADDRESS		
4. CITY - ST - ZIP			1.4 CITY - ST - ZIP		
5. TITLE			2.1 TITLE		
6. NAME			2.2 NAME		
7. STREET ADDRESS			2.3 STREET ADDRESS		
8. CITY - ST - ZIP			2.4 CITY - ST - ZIP		
9. TITLE			3.1 TITLE		
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY - ST - ZIP			3.4 CITY - ST - ZIP		
13. TITLE			4.1 TITLE		
14. NAME			4.2 NAME		
15. STREET ADDRESS			4.3 STREET ADDRESS		
16. CITY - ST - ZIP			4.4 CITY - ST - ZIP		
17. TITLE			5.1 TITLE		
18. NAME			5.2 NAME		
19. STREET ADDRESS			5.3 STREET ADDRESS		
20. CITY - ST - ZIP			5.4 CITY - ST - ZIP		
21. TITLE			6.1 TITLE		
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: 