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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90144 026 ***150.00

DOCUMENT #	P97000009502
4 Compretion Name	1 01 0000000

Corporation Name

NEW TIGER HOLDINGS INC.

Principal Place of Business Mailing Address			7	-				
10300 SUNSET DRIVE #272 10300 SUNSET DRIVE #272 MIAMI FL 33173					. DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualifed 01/30/1997		
2. Principal Place of Business	2a, Mailing Ad	dress		-	4.	FEI Number	—Т	Applied For
21	26					APPLIED FOR		Not Applicable
Suite, Apt. #, etc.	Suite, Apt.	#, etc.			5.	. Certifcate of Status Desired		.75 Additional ee Required
City & State	City & Star	e —		· s .	6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country 24 25	Zip 29	Co	untry		8.	. This corporation owes the current year Personal Property Tax.	Intangible	
9. Name and Address of C	urrent Registered Agen	t			10.	Name and Address of New Register	d Agent	
MIAMI CORPORTE SYSTEMS, IN	IC.		81	Name				
5200 BLUE LAGOON DRIVE			82	Street Add	ress (F	P.O. Box Number is Not Acceptable)		
SUITE 700 MIAMI FL 33126			83					
in in in a so in a			84	City			L 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.

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			ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTOR			
TITLE	D	DELETE	1.1 TITLE			Change	Addition		
NAME	ISHOOF, ASAD		1.2 NAME						
STREET ADDRESS	10300 SUNSET DRIVE #272		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP		_				
TITLE		DELETE	2.1 TITLE			Change	Addition		
NAME	KHAN ISHOFF, SAIF YAMANI		2.2 NAME						
STREET ADDRESS	10300 SUNSET DRIVE #272		2.3 STREET ADORESS						
CITY-ST-ZIP	MIAMI FL 33173		2. 4 CITY-ST-ZIP			,			
TITLE] DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME		-				
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE			Change	Addition		
NAME			4, 2 NAME						
STREET ADORESS			4.3 STREET ADDRESS		•				
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			5.4 CITY-ST-ZIP						
TITLE	<u> </u>	☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME	المحين المتحور الأ		6.2 NAME						
STREET ADDRESS	" _		6.3 STREET ADDRESS				Ì		
CITY-ST-ZIP	~		6.4 CITY-ST-ZIP						

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 acceiver or trustee empowered be 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 affectment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #

CR2E034 (11/98)