

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90006 027 ***550.00

DOCUMENT # P97000012601

1. Corporation Name
54, INC.

Principal Place of Business

4495 SW 67TH TERR
STE 207
DAVIE FL 33314
US

Mailing Address

4495 SW 67TH TERR
STE 207
DAVIE FL 33314
US

2. Principal Place of Business

21 5397 Orange Drive

Suite, Apt. #, etc.

22 Suite #201

City & State

23 Davie, Florida

Zip

Country

24 33314

25 Broward

2a. Mailing Address

26 5397 Orange Drive

Suite, Apt. #, etc.

27 Suite #201

City & State

28 Davie, Florida

Zip

Country

29 33314

30 Broward

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

65-0769106

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

XX No

9. Name and Address of Current Registered Agent

HASHEMI, AL
4495 SW 67TH TERR
STE 207
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

Same Name

82

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

5397 Orange Drive

83

Suite #201

84

City
Davie,

FL

85 Zip Code

33314

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 D ☐ DELETE

NAME ALEHASHEMI, MAHMOOD

STREET ADDRESS 4495 S.W. 67TH TERRACE SUITE 207

CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ DELETE

NAME GALOUSTIAN, ALFRED

STREET ADDRESS 4495 S.W. 67TH TERRACE SUITE 207

CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☐ Addition

1.2 NAME

Mahmood, Alehashemi

1.3 STREET ADDRESS

5397 Orange Drive Suite #201

1.4 CITY-ST-ZIP

Davie, Florida 33314

2.1 TITLE

Vice-President

XX ☐ Change

☐ Addition

2.2 NAME

Galoustian, Alfred

2.3 STREET ADDRESS

5397 Orange Drive Suite #201

2.4 CITY-ST-ZIP

Davie, Florida 33314

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: Alehashemi Mahmood 5/11/99 (954)-316-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0295216

CR2E034 (11/98)