

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  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90034 034 \*\*\*150.00

DOCUMENT # P97000016194

1. Corporation Name  
EVA-MAFUZA, INC.

Principal Place of Business  
2690 N. ANDREWS AVE  
FT. LAUDERDALE FL 33311

Mailing Address  
2690 N. ANDREWS AVE  
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

65-0730853

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 111 SW 6th Street

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33060

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 330

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HAKIM, AZM  
2690 N. ANDREWS AVE  
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

MAFUZA - HASIN

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

111 SW 6th ST

83

84 City

Pompano Beach

FL

85 Zip Code

33064

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D HAKIM, AZM ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2690 N. ANDREWS AVE  
FT. LAUDERDALE FL 33311

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HASIN, MAFUZA  
2690 N. ANDREWS AVE  
FT. LAUDERDALE FL 33311

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4101 NE 10th Ave  
Pompano Beach, FL 33064

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

Signature and typed or printed name of signing officer or director  
HAKIM, AZM

Date

Daytime Phone #

2-13-99 954-782-0708

CR2E034 (1/1/98)

0291306