

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mohrham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021857 (2)

1. Corporation Name

IVES DAIRY SUBWAY INC.

Principal Place of Business

1510 N.E. 205TH TERRACE
N. MIAMI BEACH FL

Mailing Address

1510 N.E. 205TH TERRACE
N. MIAMI BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0734370

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYSOREWALA, EDDIE
11401 PINES BLVD.
SUITE 478
PEMBROKE PINES FL 33026

81 Name

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

83

84 City

FL

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.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME
MYSOREWALA, EDDIE
STREET ADDRESS
11401 PINES BLVD. #478
CITY-ST-ZIP
PEMBROKE PINES FL 33026

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

V. PRESIDENT
NAME
LAILA M. HANIF
STREET ADDRESS
1510 N.E. 205TH TR
CITY-ST-ZIP
N.M. BEACH FL 33179

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

TREASURER
NAME
MOHAMMAD H. KARIM
STREET ADDRESS
1510 N.E. 205TH TR
CITY-ST-ZIP
N.M. BEACH FL 33179

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

SECRETARY
NAME
AFZAL MAJID
STREET ADDRESS
1510 N.E. 205TH TR
CITY-ST-ZIP
N.M. BEACH FL 33179

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

MUHAMMAD HANIF
NAME
1510 N.E. 205TH TR
STREET ADDRESS
CITY-ST-ZIP
N.M. BEACH FL-33179 (DIRECTOR)

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002571985
-06/25/98-01018-033
***8.75

500002571985
-06/25/98-01018-033
***150.00

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.

SIGNATURE:

M. H. Kuran

04-20-98

(305) 651-0039

CR2E034 (10/97)