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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025058 (3)

SHAMS, INC.

SIGNATURE:

Principal Place of Business		Mailing Address				an derine Lindt divin Artibi Giti	ON INEEL LONE
300 NW 82ND AVE. #506 PLANTATION FL 83324		300 NW 82ND AVE. #506 PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/20/1997		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ar	oplied For	
21		26	26		45-0738400	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75	
City & State		City & State	City & State			Fee Re	
23		├- ₁ ′	28		Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip Country		Zip			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	ZZAQ, SOHAIL		8	1 Name			İ
300 NW 82ND AVE. #506 PLANTATION FL 33324			ä	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
PLA		<u> </u>	3				
			"	3			
			8	4 City		FL 85 Zip (Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the abo	ve-named core	poration submits this statement for the p		is registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	by the corporat	tion's board of directors. I hereby accep	ot the appointment as	registered
	manifer with, and accept the oblig	alions of, Section bort.0000, i	iona siatu	U S.			ļ
SIGNATURE	Signature, typed or printed name of registered age	ont and tole if applicable (NO	TE Registered A	gent signature requi	ired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSD DELETE		1.1 TITU			Change	Addition
NAME RAZZAQ, SOHAIL STREET ADDRESS 1299 E COMMERCIAL BLVD. STE H			1.2 NAM				
DAM AND DADY EL CODO 4 4040			4	ET ADDRESS			
CITY-ST-ZIP TITLE	VPID	DELETE	2.1 Title	- ST - ZIP		Change	Addition
NAME	RAZZAQ, FARRUKH		2.2 NAM	- 1			
STREET ADDRESS	4000 F CONSTRUCTION DILLO OVE II		2.3 STREET ADDRESS				
CITY-ST-ZIP OAKLAND PARK FL 33334-4810			2. 4 CITY - ST - ZIP				
TITLE		DELETE	3.1 T(TL)			Change	Addition
NAME			3.2 NAM	E]			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			- ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	1		L Change	Addition
NAME			4, 2 NAN	i i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition
NAME			5.2 NAM	I		and Onlings	
STREET ADDRESS			4	ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY	- 1			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM	£			
. STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. Thereby 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.							