## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

1125 NE 125 STREET #413

NORTH MIAMI FL 33161

## PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029122 (3)

HAKIM SERVICES, INC.

Principal Place of Business

1125 NE 125 STREET #413

NORTH MIAMI FL 33161

1998

FILED
Jul 31 1998 8:00am
Secretary of State

|    | DO NOT WRITE IN THIS SPACE     |
|----|--------------------------------|
| 3. | Date Incorporated or Qualified |
|    |                                |

305.899-0/11

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| <b>\</b>                      |  |   |                   |   | 03/28/1997   |                                   |  |
|-------------------------------|--|---|-------------------|---|--|-----------------------------------|--|
| 2. Principal P                | lace of Business                                     | 2a. Mailing Address                                       |                   |   | 4. FEI Number  | Applied For                       |  |
|                               | 16 581 AN 6  | 26  |                   |   | 65-0739992   | Not Applicable                    |  |
| Suite, Apt.                   | #. etc <b>3</b>                                      | Suite, Apt. #, etc.                                       |                   |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |
| City & Stafe                  | Mianci, H  | City & State  |                   |   | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees                      |                                   |  |
| 1 33                          | Country 25   | Zip 29  | Country<br>30     |   | This corporation owes or has paid the curre     Personal Property Tax due June 30.                       | nt year Intangible<br>Yes No      |  |
|                               | 9. Name and Address of Current                       | Registered Agent  |                   |   | 10. Name and Address of New Registered A   | gent                              |  |
| HAK                           | IM. JÖSEPH   |   | 81                | Name  | -  |                                   |  |
| 1125                          | NE 125 STREET #413                                   |   | 22                | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |  |
| NORTH MAMI FL 33161           |  |   |                   | 02 Street Address (F.O. Box Number is Not Appendix)   |  |                                   |  |
| ****                          |  |   | 83                |   |  |                                   |  |
|                               |  |   |                   |   |  | 12-1                              |  |
|                               |  |   | 84                | City  | FI   | 85 Zip Code                       |  |
| 11. Pursuant                  | to the provisions of sections 607 0502               | and 607.1508. Florida Statut                              | es, the above-    | named coroo   | pration submits this statement for the purpose of cha  | nging its registered              |  |
| office or :                   | registered agent, or both, in the State of           | if Florida. Such change was                               | authorized by     | the corporati   | ion's board of directors. I hereby accept the appoint  | ment as registered                |  |
| agent. I a                    | am familiar with, and accept the obligat             | ions of, section 607.0505, FI                             | orida Statutes    | <b>S</b> .  |  |                                   |  |
| SIGNATURE .                   | Signature, typed or printed name of registered agent | and title if peolicable (N                                | OTE: Pagislared A | oool cionalure rae                                    | uired when reinstating) DATE   |                                   |  |
| 2.                            | OFFICERS AND   |   | 13.               | gent aignature req                                    | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12                   |  |
| TLE I                         | D  | DELETE  | 1.1 TITLE         |   |  | Change Addition                   |  |
| AME                           | HAKIM, JOSEPH  |   | 1.2 NAME          |   | · .  | _ Change Addition                 |  |
| TREET ADDRESS                 | 670 NE 114 STREET                                    |   | 1.3 STREET        | 4DDDESS   |  |                                   |  |
| ITY-ST-ZIP                    | NORTH MIAMI FL 33161                                 |   | 1.4 CITY-ST       | - 1   |  |                                   |  |
| TLE                           | 1.0111111111111111111111111111111111111              | DELETE  | 2.1 TITLE         | -211  |  | Change Addition                   |  |
| AME                           |  |   | 2.2 NAME          |   | _  | T Cuange   Munitor                |  |
| TREET ADDRESS                 |  |   | 2.3 STREET        | ADDRESS   |  |                                   |  |
| ITY-ST-ZIP                    |  |   | 2.4 CITY-ST       |   |  |                                   |  |
| TLE                           |  | DELETE  | 3.1 TITLE         | -217  |  | Change Addition                   |  |
| NAME                          |  | L_] DECEIE  | 3.2 NAME          |   | L  | _ Change Auxillon                 |  |
| TREET ADDRESS                 |  |   | 3.3 STREET        | ADDRESS   |  |                                   |  |
| ITY-ST-ZIP                    |  |   | 3.4 CITY-ST       |   |  |                                   |  |
| ITLE                          |  | DELETE  | 4.1 TITLE         |   |  | Change Addition                   |  |
| IAME                          |  | Ľ"] NET€ (E   | 4.2 NAME          |   | L  |                                   |  |
| TREET ADDRESS                 |  |   | 4.3 STREET        | ADDRESS   |  |                                   |  |
| CITY-ST-ZIP                   |  |   | 4.4 CITY-ST       |   |  |                                   |  |
| ITLE                          |  | DELETE  | 5.1 TITLE         |   |  | Ghenge Addition                   |  |
| AME                           | •  | [] <b>0 C</b> C C C C C C C C C C C C C C C C C           | 5.2 NAME          |   | 7000026054   | <b>3</b> T                        |  |
| TREET ADDRESS                 |  |   | 5.3 STREET        | ADDRESS   | -08/03/93010760  | 16                                |  |
| ITY-ST-ZIP                    |  |   | 5.4 CITY-ST       | 1   | ***150.00  |                                   |  |
| TLE                           |  | DELETE  | 6.1 TITLE         |   |  | Change Addition                   |  |
| AME                           |  | L. PELLIE   | 6.2 NAME          |   | <u>_</u>   | 10.                               |  |
| TREET ADDRESS                 |  |   | 6.3 STREET        | ADDRESS   |  | 12.81                             |  |
| CITY-ST-ZIP                   |  |   | 6.4 CITY-ST       |   |  | 79''                              |  |
| 14. I hereby ce               | ertify that the information supplied with t          | his filing does not qualify for t                         | the exemption     | stated in sec   | ction 119.07(3)(i), Florida Statutes. I further certify th   | at the information                |  |
| indicated of<br>an officer of | on this <b>an</b> nual report or supplemental a      | nnual report is true and accurate or trustee empowered to | rate and that     | my signature  | shall have the same legal effect as if made under<br>quired by Chapter 607, Floride Statutes; and that m | oath; that I am                   |  |

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## A. MILLER & COMPANY, P.A.

Certified Public Accountants

1800 Northeast 171 Street • North Miami Beach, FL 33162 • (305) 947-5233 • Fax (305) 949-5120

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July 17, 1998

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: FEIN 65-0739992

We are the accounting firm for Hakim Services, Inc., and are writing to you on their behalf.

We write to inform you that Hakim Services, Inc., inadvertently did not pay the \$150.00 Florida Annual Corporate filing fee before time because of a mailing address error on their application form.

This mailing address error caused the non-receipt of the form, hence the non-filing of the form and payment of the fee on a timely basis.

However, please find enclosed an amended form and a check in the amount of \$150.00, being the annual filing fee.

We hope this satisfies the Annual Corporate filing requirement. However, if you have any questions, please call Lola Thomas at extension 15.

Thank you.

Sincerely.

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