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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State. DIVISION OF CORPORATIONS

1999

FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90015 005 ***150.00

| 1. Corporatio | MENI# P4700 | UUSSZO7 TIONAL' ENT | | | | | |
|--|--|---|---|--|-------------------------------|----------------------------|-----------------|
| | J J INTERNA | TIONAL' ENT. | . INC. | | | | |
| Principal Plac | ce of Business | Mailing Address | | _ | | | |
| | | - | 626 | | | | |
| SHAI | KHA.WAHAB | PO BOX 701 | ٥ <u>ر</u> ط - | | | | |
| | | ST. Cloud | , FL | DO NOT WRITE IN THI 3. Date Incorporated or Qualifed | S SPACE | | |
| | | 5 | 34770 | 3. Date incorporated or Qualifed | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Apr | plied For | |
| 21 | | 26 | | \$9-3440067 | | t Applicable | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 A | Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Re | quired | |
| City & Stat | te _ | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | , , | |
| Zip - | Country | Zip | -Country | 8. This corporation owes the current year to | ntangible | | |
| 24 | 25 | | 90 | Personal Property Tax. | | □No | |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Registered | l Agent | | |
| 1 5 | HAIKH A WAH | 4AB. | 81 Name | | | | |
| 1098 S. Maglad Blud. Kissinin | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | | |
| (, 10 | 5. Magla | a iswa. igi | NATE 83 | | | | |
| | FC 34743. | | | | | | |
| (| 54 143. | | 84 City | FI | 85 Zip C | ode | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | , the above-named corp | poration submits this statement for the purpose of | f changing its r | registered | |
| office or r | registered agent, or both, in the State of am familiar with, and accept the obligat | of Florida. Such change was auti tions of Section 607.0505. Florid | horized by the corporation | on's board of directors. I hereby accept the appo | intment as reg | jistered | |
| -9 | | | | 7 3 | - 00 | | |
| SIGNATURE | (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | an. | | 5 2 | 5-99, | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | egistered Agent signature require | od when reinstating) DATE | | | (8) |
| 12. | Signature, typed or printed name of registered agent | D DIRECTORS | 13. | | ND DIRECTOR | RS IN 12 | 1/98) |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN: | D DIRECTORS | 13. 1.1 TITLE | od when reinstating) DATE | | RS IN 12 | 1 (11/98) |
| 12. TITLE NAME | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | od when reinstating) DATE | ND DIRECTOR | RS IN 12 | 034 (11/98) |
| 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | od when reinstating) DATE | ND DIRECTOR | RS IN 12 | (2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agen OFFICERS AN: | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | od when reinstating) DATE | ND DIRECTOR | RS IN 12 Addition | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS DELETE HAB GLAND BLVD L 34743 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | od when reinstating) DATE | ND DIRECTOR | RS IN 12 Addition | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of printed name of registered agen OFFICERS AN OF | D DIRECTORS DELETE HAB GLAND BLVD L 34743 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | od when reinstating) DATE | ND DIRECTOR | RS IN 12 Addition | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed of printed name of registered agen OFFICERS AN OF | D DIRECTORS DELETE HAB GLAND BLVD L 34743 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | od when reinstating) DATE | ND DIRECTOR | RS IN 12 Addition | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed of printed name of registered agen OFFICERS AN OF | D DIRECTORS DELETE HAB GLAND BLVD L 34743 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | od when reinstating) DATE | ND DIRECTOR | RS IN 12 Addition Addition | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of printed name of registered agen OFFICERS AN OF | DDIRECTORS DELETE HAB. SLAND BLVD SY143 DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | od when reinstating) DATE | ND DIRECTOR ☐ Change ☐ Change | Accident | CR2E034 (11/98) |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of printed name of registered agen OFFICERS AN OF | DDIRECTORS DELETE HAB. SLAND BLVD SY143 DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | od when reinstating) DATE | ND DIRECTOR ☐ Change ☐ Change | Accident | CR2E034 (11/98) |
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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: