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

1	AMJAD ENTERPHISES, INC.				
-	Principal Place of Business	Mailing Address			
-	3200 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	3200 W. BROWARD BLVD. FT. LAUDERDALE FL 33312			
	الراز والمهلين الماطيعين والمتاسية	ستنشر والمدار والمشارونية التيسن منية بإلمان المشترين أأنفث المقابضة المترود			
ħ	2. Principal Place of Business	. 2a. Mailing Address			

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90034 018 ***150.00



ft. Lauderdal	LE FL 33312 FT. LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
	يها و راديست ماست	رس میشن درمانه <u>درمانه کرد. این در متصارف می</u>		er.	حسنس - حد	05/05/1997			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
		26				65-0749521	•	N	ot Applicable
Suite Ant :	# atc	Suite, Apt. #, etc.						\$8.75	Additional
						5. Certifcate of Status Desired			equired
22 27									
City & State City & State						6. Election Campaign Financing			May Be to Fees
23 28						Trust Fund Contribution		/	to rees
Zip	ip Country Zip Cou			itry		This corporation owes the current	year Inta		
24 ′	25	29	30			Personal Property Tax.		Yes Yes	□No
*	. 9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered A	Agent	
		に発わるがない。	1	81	Name				
MAH, , , ,	MAD, AMJAD		L		01 1 1 1	(D.O. B. N. sharis Not Assessable			•
3200	W. BROWARD BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable	;)		
	AUDERDALE FL 33312		ļ.,	83 (1146-5 1131) 34 (1450-1131)					18167 511 (82)
r 1. L	AVELIENCE I C VOOTE		'	93		1875年於國際經濟			
			1	84	City	** ** ** ** ** ** ** ** ** ** ** ** **	13 13 32 22 2	85 Zip	Code
		N. Vic. v. M. St.		-	•		FL	'	
11. Pursuant l	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the about	ove-i	named cor	rporation submits this statement for the putition's board of directors. I hereby accept t	rpose of o	changing its	s registered egistered
office or re	egistered agent, or both, in the State C n familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statut	tes.	io corpora	more board of directors. Thereby decept t	.о чрро		g
•									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	Agent s	signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	ORS IN 12
TITLE ·	PST	☐ DELETE	1.1 TITL	E		र १५५४-१२६१		Change	☐ Addition
	HAMMAD, AMJAD		1.2 NAM			South Hamistry			
NAME									
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CITY-ST-ZIP	N	DELETE	3.1 TITL			-		Change	☐ Addition
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NAME						15 July 1823 183		1. 16 1.	
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		从然为为为	63 STR	REET A	ADDRESS				ĵ
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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