

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # P97000043400 (5)

1. Corporation Name

NURANI ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~0251 PALM TRACE LANDING, APT. 210~~

~~0251 PALM TRACE LANDING, APT. 210~~

~~DAVE FL 33314~~

~~DAVE FL 33314~~

18800 S. DIXIE HWY
PERRINE, FL 33157

18800 S DIXIE HWY
PERRINE, FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

65-0756942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHAN, ABDUR R

~~0251 PALM TRACE LANDING, APT. 210~~

~~DAVE FL 33314~~

18800 S DIXIE HWY
PERRINE, FL 33157

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 ~~DP~~ ☒ DELETE

NAME ~~ISLAM, MOHAMMED M~~

STREET ADDRESS ~~0251 PALM TRACE LANDING, APT. 210~~

CITY-ST-ZIP ~~DAVE FL 33314~~

TITLE DV ☐ DELETE

NAME ISLAM, MANZURUL

STREET ADDRESS 12603 TORBAY DR.

CITY-ST-ZIP BOCA RATON FL 33428

TITLE DS ☐ DELETE

NAME KHAN, ABDUR R

STREET ADDRESS 1757 S. CURLEW LANE

CITY-ST-ZIP HOMESTEAD FL 33034

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ABOU C K.M. HAQUE ☐ Change ☒ Addition

1134 E. MOWRY DR APT # 203

HOMESTEAD, FL 33030

☐ Change ☐ Addition

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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.

SIGNATURE REQUIRED

8/14/98 305 378 8233

CR2E034 (5/98)

(2)

GENTLEMEN:

PLEASE BE AWARE THAT
WE NEVER RECEIVED THE
FIRST ANNUAL REPORT.

KINDLY ACCEPT THIS FILING.
Tobiasyan.

AR. Kh. 8/12/98