D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. NT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION NNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

CUMENT # P97000050590 BAH MOROCCAN RESTAURANT INC.



09-14-1999 90003 009 \*\*\*150.00





	ce of Business	Mailing Address	HGHWAY				
BEACH FL 33062		POMPANO BEACH FL 33062			DO NOT WRITE IN THE PRACE		
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
					06/09/1997		
al P	Place of Business	2a. Mailing Addre	!S\$	<del>-</del>	4. FEI Number Applied Fo	r	
		26			65-0761543 Not Applica	able	
Apt.	. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired \$8.75 Additions	al	
		27			Fee Required		
Sta	ite	City & State		_	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Country	Zip Zip	Countr		8. This corporation owes the current year		
	25	29	30	,	Intangible Personal Property.	}	
	9. Name and Address of Curren				10. Name and Address of New Registered Agent		
45	LACIN TAKANA		8	1 Name			
	LAOUI, ZAKANA		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	-	
	n. Federal Highway Mpano Beach Fl. 33062						
UIVI	PANO BEACH FE 33002		83	3			
	•		8-	4 City	FL 85 Zip Code		
	at to the provisions of sections 607 050	2 and 607 1508 Florids	Statutes the above	e-named como	pration submits this statement for the number of changing its registered		
or	registered agent, or both, in the State	of Florida, Such chang	ge was authorized b	y the corporat	ion's board of directors. I hereby accept the appointment as registered		
	am familiar with, and accept the obliga	alions of, section 607.0	1505, Florida Statute	<b>73</b> .			
RE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Agent signature rec	quired when reinstating) DATE	á	
	<del></del>	ID DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	u	
	D TADLACIE ZAKADIA	L_) DE	LETE 1.1 TITLE		Change L Add	lition	
	TADLAOUI, ZAKARIA		1.2 NAME	\ \		3	
E\$S	420 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062		1.4 CITY-5	ET ADDRESS		6	
	TOMPANO BEACHTE 33002	DE			Change Ado	lition C	
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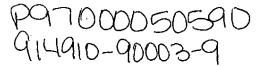
eby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information ated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am fifteer 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 ock 12 or Block 13 if changed, or on an attention with an address.

TRE REQUIRED IATURE:

954-941-4277

## KASBAH MOROCCAN RESTAURANT

August 25, 1999



To whom it may concern,

As per my conversation with Debbie Gilliard I am sending this letter to notify you that I never received the first renewal notice. Please find in closed \$150.00 for corporation renewal.

\_\_\_Thank You

Zakaria Tadlaoui'

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