

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 27 1998 8:00am
Secretary of State

DOCUMENT # P97000052687 (5)

1. Corporation Name

LES AFFAIRES OF ORLANDO, INCOORPORATED

Principal Place of Business

500 E. SEMORAN BLVD.
STE 2J
CASSELBERRY FL 32707

Mailing Address

500 E. SEMORAN BLVD.
STE 2J
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

2. Principal Place of Business

21 1025-S.SEMORAN BLVD

Suite, Apt. #, etc.

22 1093

City & State

23 WINTER PARK FL

Zip

24 32792

Country

25 U.S.A

2a. Mailing Address

26 1025-S.SEMORAN BLVD

Suite, Apt. #, etc.

27 1093

City & State

28 WINTER PARK FL

Zip

29 32792

Country

30 U.S.A

4. FEI Number

59-3452433

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

MALIK, KHALID M
500 E. SEMORAN BLVD.
STE 2J
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

MALIK, KHALID M

82 Street Address (P.O. Box Number is Not Acceptable)

1025-S.SEMORAN BLVD SUITE 1093

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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

TITLE ☐ DELETE

NAME D MALIK, KHALID M
STREET ADDRESS 500 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME D MALIK, KHALID M
1.3 STREET ADDRESS 1025-S.SEMORAN BLVD SUITE 1093
1.4 CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Malik MALIK KHALID 3-20-98

CR2E034 (10/97)