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**

DOCUMENT # P97000059431

	ninaca '	Mailing Address	
Principal Place of Bu 2702 LINCOLN STREE HOLLYWOOD FL 3302	Τ,	2702 LINCOLN STREET HOLLYWOOD FL 33020	
,			
2. Principal Place of	Business	2a. Mailing Address	
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	26	
22		27	
City & State		City & State	•
31			
Zip	Country	Zip C	ountry

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90147 042 ***150.00



2702 LINCOLN STREET . HOLLYWOOD FL 33020	2702 LINCOLN STREET HOLLYWOOD FL 33020		DO NOT WRITE IN THIS	S SPACE			
			3. Date Incorporated or Qualifed 07/07/1997				
2. Principal Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For			
ri I	26		65-0799810	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Co 29 30	untry	This corporation owes the current year Ir Personal Property Tax.	ntangible ☐ Yes ☐ No			
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	d Agent			
ULLAH, AMAN		81 Name		•			
2702 LINCOLN STREET		82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33020		83					
		84 City	FL	L 85 Zip Code			
44 Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes, the	above-named come	oration submits this statement for the purpose of	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: Re	gistered Agent signature requ	ired when reinstating)	DATE			
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	ullah, aman		1.2 NAME	•				
STREET ADDRESS	2702 LINCOLN STREET		1.3 STREET ADDRESS	•				
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE	•		Change	Addition	
NAME			2.2 NAME				ľ	
STREET ADDRESS	•	- ·	2.3 STREET ADDRESS		-	·	٠,	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME	·		3.2 NAME				ĺ	
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP	, ·		3.4. CITY-ST-ZIP					
TITLE	•	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP	. <i>'</i>		5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS	•		6.3 STREET ADDRESS					
CITY OT ZID	,	•	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, with all other like empowered.

954-925-9760