Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067295

 Corporation 												
A. & N.	CONNECTION, INC.						}					
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Principal Place			iling Address			•						
6442 W 186TH ST 6442 W 186TH ST MIAMI FL 33014 MIAMI FL 33014												
MIAMI FL 33014	4	MIR	MI FL 33014				Ì		DO NOT WRITE	IN THIS SPACE		
	·		_				- -	3. [Date Incorporated or Qualifed.			
			•				į	(08/05/1997			}
2. Principal P	lace of Business	2a.	Mailing Addres	SS .				4.	FEI Number	· [Appli	ied For
21		26			. .			(<u>65-0772224 </u>			Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, 6	etc.			Ì	5. (Certifcate of Status Desired [5 Ad e Regu	ditional
22	<u> </u>	27	City D. Olysta				+				<u>`</u> -	
City & State	e .	28	City & State						Election Campaign Financing Trust Fund Contribution		00 M ded to	
Zip 24	Country 25	29	Zip Ø	30	ountry				This corporation owes the current Personal Property Tax.	i year Intangible · ☐ Yes	.] oor
	9. Name and Address of Cu		tered Agent					10.	Name and Address of New Reg	istered Agent		
					81	Name				••		1
	ISSI, NOURRODINE	442	1,2001	10/ 5	- 82	Street	Address	(P.	O. Box Number is Not Acceptable	9)		
			West									
MIAN	WI LAKES EL 33014 Mi	iami	FL 3	33015	83							1
	•)·		84	City				85	Zip Co	ode
	· /.				<u></u>	İ				FL "		
11. Pursuant	to the provisions of Sections 607. registered agent, or foth, in the St	.0502 and 60 tate of Florid)7.1508, Florida la. Such change	Statutes, the	ed by	named	corporation's	uon boa	submits this statement for the pu and of directors. I hereby accept t	rpose of changin he appointment a	g ns re is regis	egistered stered
11, Pursuant office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the Si in familiar with and accept the ob	.0502 and 60 tate of Florid oligations of,	07.1508, Florida la. Such change Section 607.05	a Statutes, the e was authoriz 605, Florida St	above ed by atutes	e-named the corpo	corporat oration's	boa	submits this statement for the pu and of directors. I hereby accept the	rpose of changin he appointment a	g ns re is regis	egistered stered
11. Pursuant office or n agent. I a SIGNATURE	im ramiliar with anataccept the or	oligations of,	Section 607.05	ous, Florida Si	alutes						g ns regis	egistered stered
agent. I a	Signature has a cripinted name of registered	d agent and title it	Section 607.03	(NOTE: Register	red Agen			en rei	nstating)	DATE		
signature	Signature has a cripinted name of registered	oligations of,	Section 607.03	(NOTE: Register	red Agen			en rei		DATE CERS AND DIRE	CTOR	
SIGNATURE 12. TITLE	Signature from or printed name of registered OFFICERS	d agent and title it	applicable.	(NOTE: Register 11:	red Agen			en rei	nstating)	DATE CERS AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME	Signature power or printed name of registered OFFICERS P FOUISSI, AHMED	d agent and title it	applicable.	(NOTE: Register 1: ETE 1.1	red Agen 3. TITLE NAME	it signature r		en rei	nstating)	DATE CERS AND DIRE	CTOR	S IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplier ental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

305 6227118