**PROFIT** CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Cor oration Name

Principal Place of Business

Mailing Address

Tariq Javaid Co.

7.1 I 150 AHI FILE

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SECKLIARY OF STATE TALLAHASSEL FLORIDA

200 S.	Biscayne Blvd.	200 S. Biscayne	e Blyd.		
20th F1	oor	20th Floor			
Miami,	F1 33131	Miami, Fl 3313	31	DO NOT WRITE IN THE	IS SPA Œ
_		,		3. Date Incorporated or Qualifed	
				August 25, 1997	,
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied for
21		[26]		65-0659917	Not Applicable
Suite, Apt	#, etc	Suite, Apl. #, etc		5. Certificate of Status Desired XI	<b>\$8.75</b> Additional
22		27		o. Certific of Carto's Desired	- ee Required
City & Star	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	ndded to Fees
Zip	Country	Zip E	Country	8. This corporation owes the current year I	
24	25	[29] [30]	J ,	Personal Property Tax	[]Yis Mo
ļ	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	d Agen
_			81 Name		
Rossz Fiu Corporation			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	Biscayne Blvd.				
20th F1			83		
Miami,	Fl 33131		84 City	- · · · · ·	85 Zip Code
ì			on,	FI	L 63 zip code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was autho	prized by the corporate	poration submits this statement for the purpose of on's board of directors. It hereby accept the appo	of chancing its registered outliner : as registered
SIGNATURE					
<u>.</u>	Signature, typed or printed name of registered agen		listered Agent signature require		•
12	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	and the second s
100E	D	[ ] DEFEIF	13 TITLE		[_]Change[]] Addition
NAME	Mohammad Tariq Java	id	1.2 NAME		•
STREET ADDRESS	TOO D! DISCUSTIC DIA	1. 20th Floor	13 STREET ADDRESS		
CITY ST Z.P	Miami, F1 33131		1.4 CITY-ST-ZIP		
™T.F		[]) DELETE	21Til.E As:	sistant Secretary	[ Change Addition
NAME			22 NAME Jai	n Carson Cheezem	
STREET ADDRESS		1	23 STREET ADDRESS 200	0 S, Biscayne Blyd, 20th	Floor
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CITY-ST-ZIP			54 CITY-ST-ZIP	D11015	
TITLE		[] DELETE	61 TITLE		[   Clange     Addition

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 cath, 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 corporation or the receiver in the true of the corporation of

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Assistant Secretary

4/27/99 305 358 7605

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