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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000073885 (0) DOCUMENT #

TASMIAH ENTERPRISES INC.

FILED Mar 05 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address										1 388 (1801 110 1911) (3011 004) 0044 0044 0044				DE 0141 1304	
10	1090A SUMMIT PLACE CIR. 1090A SUMMIT PLACE CI					CIR.	i.								
W PALM BEACH FL 33415 W PALM BEACH FL 3									ŀ	DO NOT WRITE IN THIS SPACE					
										3. Date Incorporated or Qualified					
										08/26/1997					
2. Principal Place of Business 2a. Mailing Address										4 FFI Number		Т	TÃD.	plied For	
21				26	ŭ					65-0776221		上		Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						<u> </u>		\$8.	75 A	dditional	
22				27						5. Certificate of Status Desired		Fe	e Re	quired	
	City & State			City & State					6. Election Campaign Financing	_	\$5	.00	May Be		
23		······		28										Fees	
	Zip		Country	Zip		├ ──¬	intry			8. This corporation owes or has paid			_		
24			25	29		30	ı			Personal Property Tax due June 30 10. Name and Address of New Regis		Yes		No	
			and Address of Current	Hegistered	Agent		81	Name		10. Name and Address of New Regis	Nered A	gent		.	
ASHRAF, SHAFIGUE 1090A SUMMIT PLACE CIR.															
1090A SUMMIT PLACE CIR. W PALM BEACH FL 33415							82 Street Addres			s (P.O. Box Number is Not Acceptable)				
	W	PALM BEA	CH FL 33415				B3					-			
9	1						"								
-							84	City			FL	85	Zip C	ode	
44	Dureuant	to the provisi	ions of Sections 607 0502	and 607 14	OB Florida Štatu	tec the a	hove	-named c	corpor	ation submits this statement for the nur		hano	ina its	registered	
11.	office or r	egistered ag	ent, or both, in the State of	of Florida. S	uch change was	authorize	d by	the corpo	oration	ation submits this statement for the pur o's board of directors. I hereby accept t	he appo	intme	nt as i	egistered	
		m temiliar wi	th, and accept the obligat	IKONS DT, Sec	2110F1 607.0505, F	iorida Sta	lutes								
SIG	NATURE	Stanature typed	or printed name of registered agen	and title if appl	icable (NO	TE Registere	d Age	ni signature re	equired \	when reinstaling)	DATE				
12.			OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	TOR	S IN 12	
TITLE		PD			DELETE	1.1 1	TLE					Cha	nge	Addition	
NAME	£	ASHRAF	FAE, SHAFIQUE			1.2 N	AME								
STRE	ET ADDRESS	1090-A	SUMMIT PLACE CIR			1.3 S	TREET	address		·					
CITY-	- ST - ZIP	W PALN	I BEACH FL 33415			1.4 C	ITY-S	T-ZIP							
TITLE		۷D			DELETE	2,1 1	TLE				I	Cha	ហទិត	Addition	
NAME	E		i, Khandker			2.2 N	AME								
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NAM	E					3.2 N	AME								
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NAME	E					4.21									
STRE	et address							ADDRESS							
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NAME			•			5.2 N									
	et address		rt .		-31.			ADDRESS							
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NAME		,				6.2 N									
	et address							ADDRESS							
CITY	-ST-ZIP	PF 41 - 11				6.4 C	TY-S	T-ZIP		salar 140 07/9Wi) Florida Statutos I fu			4 4 1 2	information	

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.

2-16-98