## 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

## DOCUMENT # P9700078878 (0)

NORTH ARLINGTON INVESTMENT GROUP INC.

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business	Mailing Add	dress	· · · · · · · · · · · · · · · · · · ·	a cantifibit the take tablit divit matte garit #84	II IBAAN KAJAY IBAIS IBABN JALI KRAI	
420 8 DIXIE HWY		420 S DIXIE HWY				
HALLANDALE FL 83309	HALLANDA	HALLANDALE FL 33309		DO NOT WRITE IN TO	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	1	
				09/11/1997		
2. Principal Place of Business	2a, Mailing	Address		4. FEI Number	Applied For	
21 <b>23</b> 399 Sereneth	leadow Dr. 26 2339	19 Serene M	eadow D	r 65-078405	A. Not Applicable	
Suite, Apt. #, etc.		pt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
22	27				Fee Required	
City & State	City & S		PATO	0. Elector Campaign Thanking	\$5.00 May Be	
23 DOCA KATON		<del></del>		Trust Fund Contribution	Added to Fees	
Zip Cour 24 33428 25		> (a)	USA.	8. This corporation owes or has paid the		
	USA-I.  29  35 dress of Current Registered Ag	3498 30	USH.	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No	
AL :						
Barimani, mardjan 420 š dixie hwy						
HALLANDALE FL 333	000			ddress (P.O. Box Number is Not Acceptable)	w Delve	
HALLANDALE PL 333	ua .		83 23:	399 Setene Meado	w perce	
`			84 City	Bora Potal	85 Zip Code Q	
11. Pursuant te the provis of sol So	ections 607 0502 and 607 1508	Florida Statutes, the	above-named o	corporation submits this statement for the purpos	se of changing its registered	
office of registered against or be	oth, in the State of Norida. Such	change was authoriz	ed by the corpo	oration's board of directors. I hereby accept the	apppintment as registered	
office of registered a dirth, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Nam familiar vills, xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						
SIGNATURE Signature Livited on Neithrid no	anne of registra art agrent and title if applicable	(NOTE: Boarste	red Agent signature to	eculred when reinstating) OA'	16	
12.	OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE PS		DELETE 1.1	TITLE		Change	
NAME <b>BARIMANI, MAF</b>	RDJAN	1.2	NAME			
STREET ADDRESS 420 S DIXIE HV	VY	1.3	STREET ADDRESS	23399 Serene Meadi	O BITUS	
CITY-ST-ZIP HALLANDALE F	L 33309	1.4	CITY-ST-ZIP	COCA RATION FL	33428	
TITLE		DELETE 2.1	TITLE		Change Addition	
NAME		2.2	NAME			
STREET ADDRESS		2.3	STREET ADDRESS			
CITY-\$1-ZIP			CITY - S1 - ZIP			
TITLE	Į	DELETE 3.1	TITLE		L_] Change L_] Addition	
NAME			NAME			
STREET ADDRESS		1	STREET ADDRESS		1	
CITY-ST-ZIP		25.555	CITY-ST-7IP			
TITLE	L		TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS		,	
CITY-ST-ZIP			CITY-ST-ZIP		Channe Addition	
TITLE	L	- I	TITLE		Change Addition	
NAME		ď	NAME		ł	
STREET ADDRESS			STREET ADDRESS			
CFTY-\$1-ZIP			CITY-ST-ZIP		Change Addition	
TITLE	L	- I	TITLE		L. Change L. Addition	
NAME		l l	NAME CARREST ADDRESS			
STREET ADDRESS	^		STREET ADDRESS		ļ	
CITY-ST-ZIP	ntion supplied with this tiling does		city-st-zip xemption stated	in Section 119.07(3)(i). Florida Statutes   further	r certify that the information	
14. Thereby certify that the informable supplied with this tiling 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 of authorized 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 opportunity by receptive or tusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						
officer or director of the doubtleft for recisive, 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 in other groups of an attachment with an address.						

SIGNATURE:

4/29/18. 5

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