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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000081738

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90040 041 ***150.00

FAST & FRIENDLY, INC.		
single of Discount Discount	Mailing Addross	

IASIC	FRIENDET, INO						
Principal Place	e of Business	Mailing Address				(B) 1818) 1481) 1UUG	, ();0) (8); (89)
17845 NW 27TH	+ AVE	17845 NW 27TH AVE					
MIAMI FL 33055 MIAMI FL 33055				DO NOT WRITE IN TH	HE EDACE		
					DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
					09/19/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0784760	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country □	,	8. This corporation owes the current year		¥ÍNo
24	25	29 30	<u>'</u>		Personal Property Tax. 10. Name and Address of New Registers	☐ Yes	PUND
	9. Name and Address of Curre	int Registered Agent	81	Name	iv. Name and Address of New Registers	a Affaur	
GHO	OUJ, SAMAR		Ľ				
	IS NW 27TH AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		ľ
	MI FL 33055		83				_
			84	City	F	85 Zip C	Code
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered ac OFFICERS A			nt signature required	I when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition -
NAME	GHOUJ, SAMAR		1 2 NAME				
STREET ADDRESS	17845 NW 27TH AVE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE	İ		L Change	Li Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4 CITY-S 4.1 TITLE	S1-ZIP		☐ Change	Addition
TITLE		المالية المالية	4. 2 NAME				
NAME CTREET ADDRESS				T ADDRESS			
STREET ADDRESS			4.4 CITY-S	1			
CITY-ST-ZIP TITLE			5.1 TITLE			Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADORESS	1	1	6.3 STREE	T ADDRESS			}

6.4 CITY-ST-ZIP 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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR