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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000083569 (8)

FILED May 08 1998 8:00am Secretary of State

MAK /	auto so	UND	and Securi	TY CO	ORPORATION										
Principal Place of Business Mailing Address											16011 60111 0 0111			JH 1841 H 8 8 1	
12190 N.W. 7TH AVENUE 12190 N.W. 7TH AVENUE															
NORTH MIAMI FL 33168 NORTH MIAMI FL 33168										DO NOT WRITE IN THIS SPACE					
										3. Date Incorporate			or ACE		_
										09/26/1997					
2. Principal Place of Business					2a. Mailing Address					. FEI Number			A	pplied For	
21					26					65 -	0180	4415		ot Applicable	е
Suite, Apt. #, etc.					Suite, Apt. #, etc.				- 1	5. Certificate of Stat	us Desired			Additional	
22 City & State					City & State					Flanking On and	Financia			equired	4
23				28	28				'	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			120	Zip Co			- · · · · · · · · · · · · · · · · · · ·		3. This corporation of					\dashv
24		25		29		30				Personal Property	Tax due Jui	ne 30. 🛛] Yes [∏ No	-
9, Name and Address of Current				t Regis	Registered Agent				10	D. Name and Addre	ss of New I	Registered .	Agent		
KHAN, MICHAEL A								Name							
12190 N.W. 7TH AVENUE								Street A	t Address (P.O. Box Number is Not Acceptable)						┪
NORTH MIAMI FL 33168															_
							83								
							В4	City				FL	85 Zip	Code	7
11. Pursuant	to the provis	sions of	Sections 607.050	2 and 6	607.1508, Florida Statut	es, the a	bove	a-named o	corporati	on submits this state	ement for the	nurnase of	changing i	ls registered	\vdash
office or a	regi ster ed ag am familiar w	gent, or	both, in the State	of Florid	da. Such change was a f, Section 607.0505, Flo	authorize	d by	the corpo	oration's	board of directors.	I hereby acc	ept the app	ointment as	registered	
SIGNATURE			. divogretile oblige		n, 0000011007.0000,110	Jilda Ole	iidies								
	Signature, lyper	d or printe	diname of registered age	nt and bile	r r applicable (NOT	Registere	d Age	ni signalure r	required who	en reinstating)		DATE			
12.	PST		OFFICERS AND	D DIREC		13.				ADDITIONS/CHAN	GES TO OFF	ICERS AND			CR2E034 (10/97)
TITLE	KHAN, MICHAEL A						ITL€	l					Change	Addition	۱
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STREET ADORESS								ADDRESS							ةِ ا
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NAME						6.2 N	AME								
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indicated	certify that th	e intorr	nation supplied wi	in this fi	iling does not qualify fo	r the exe	empli	on stated	in Secti	on 119.07(3)(i), Flor	ida Statutes.	I further ce	rtify that the	information	1

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.

MICHAEL