

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

FILED
Jul 13 1998 8:00am
Secretary of State

PROPRIETARY CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000 86185

1. Corporation Name

TAWAKAL.S INC.

Principal Place of Business

Mailing Address

1022 EAST 27 ST.
HIALEAH, FL. 33013

1022 EAST 27 ST.
Hialeah, FL. 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 Suite Apt. #, etc

22 City & State

23 Zip

24 Country

26. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

65-0786204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MASOOD MANZER
1022 EAST 27 STREET
Hialeah, FL. 33013

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.17(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of person named as registered agent, if applicable

Signature of Registered Agent, if other than person named as registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ Delete

1. TITLE

NAME MASOOD MANZER

STREET ADDRESS 10233 SW 12 ST.

CITY-ST-ZIP PEMBROKE PINES, FL 33025

2. TITLE ☐ Delete

NAME DAKBAR, JUNAID

STREET ADDRESS 1341 SW 104 AVENUE

CITY-ST-ZIP PEMBROKE PINES, FL 33025

3. TITLE ☐ Delete

NAME JUNAID, FAUZIA

STREET ADDRESS 1341 SW 104 AVENUE

CITY-ST-ZIP PEMBROKE PINES, FL 33025

4. TITLE ☐ Delete

NAME TAWAKAL, AZHAR

STREET ADDRESS 10233 SW 12 ST.

CITY-ST-ZIP PEMBROKE PINES, FL 33025

5. TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or persons 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 in Block 14 if added with my address.

SIGNATURE:

SIGNATURE AND TITLE OF CURRENT NAME OF SIGNER OFFICER OR DIRECTOR

MASOOD MANZER, PRESIDENT

4/21/98

Date

Signature Printed