## 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

## FILED Apr 14 1998 8:00am Secretary of State

DOCUM	MENT	# P9700	0009482	6 (9)				
		RISES, INC.		- (-,				
		·						
Principal Place of	of Business		Mailing Add	1888				
1266 NW 119TH		3	-	1266 NW 119TH ST.				
MIAMI FL 33167			MIAMI FL 3					
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
2. Principal Plac	oe of Busin	nace	2a Mailion 4	2a. Mailing Address			11/03/1997 4. FEI Number Applied For Applied For	
21			26				65-0797729   Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				SA 75 Additional	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip	Country		F-7 '	Zıp		′	8. This corporation owes or has paid the current year Intangible	
24]	25 [29] 9. Name and Address of Current Registered Agent				30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
DAL /			our nahistoren vite	7111	81	Name	to, realise and Addises of flow flogistered Agent	
DALAL, ASHOK 1266 NW 119TH ST.					82			
				Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33167					83	<u> </u>		
					84	City	<b></b>	
						1 1	FL!   '	
11. Pursuant to	the provisi	ions of Sections 607.0	502 and 607.1508, F	Iorida Statute	es, the above	e-named c	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I am	gistered ag 1 familiar wit	th, and accept the obl	ligations of, Section	607.0505, Flo	rida Statutes	y the corpo s.	rations total of directors, Thereby accept the appointment as registered	
SIGNATURE				·				
12.	Signature, lypiod	or printed name of registered in	agent and title if applicable	(NO11	Hegistered Ago	ent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	OTTO TO T		DELETE	1.1 TITLE	T	☐ Change ☐ Addition	
NAME DALAL, ASHOK			_	1.2 N				
STREET ADDRESS 3703 BRIDGE RD					1.3 STREET	ADDRESS		
CITY-ST-ZIP COOPER CITY FL 33026					1.4 CITY - S	i1-ZIP		
TITLE				DELETE	ETE 2.1 TITLE		☐ Change ☐ Addition	
NAME	**************************************				2.2 NAME			
STREET ADDRESS 13214 NW 15TH COURT				1	2.3 STREET ADDRESS			
					2. 4 CITY-S	ST-ZIP		
TITLE	_				3.1 TITLE	ſ	L] Change L] Addition	
NAME					3.2 NAME			
STREET ADDRESS	OOODED CITY EL 20000				3.3 STREET			
CITY-ST-ZIP					3.4. CITY- S	ST-ZIP	Change Addition	
TITLE			L-	] nerrie	4.1 TITLE		Change C Abouton	
NAME DEDECT ADDRESS					4. 2 NAME	********		
STREET ADDRESS  CITY-ST-ZIP					4.3 STREET 4.4 CITY - S	1		
TITLE			T	DELETE	5.1 TITLE	I - ZIL	☐ Change ☐ Addition	
NAME			<del></del>	<del></del>	5.2 NAME			
					5.3 STREFT	ADDRESS		
STREET ADDRESS CITY-ST-ZIP					5.3 STREFT 5.4 CITY - S			
STREET ADDRESS				] DELÉTE			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	<u> </u>		Ţ.	] DELETE	5.4 CITY - S		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE				] DELETE	5.4 CITY - S 6.1 TITLE	i † - ZIP	Change Addition	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (Chapter 607) at attachment with an address.

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