## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT #

P97000102248 (6)

## **FILED** May 26 1998 8:00am Secretary of State

SAADEH, INC.									
Principal Place of Business Mailing Address							<del></del>	100  100  110 101   100   001   001   001   001   110   001   110   010   110   010   110	
·									
1602 SOUTH DIXIE HIGHWAY									
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								12/01/1997	
2. Principal F	Place of Busi	ness	<u> </u>	2a. Mailing Address				4. FEI Number Applied For	
Suite, Apt.	# oto		26 Suite	Suite, Apt. #, etc.				Not Applicable	
22 Suite, Apr.	. π, σιο.		<u> </u>	27				5. Certificate of Status Desired	
City & Stat	te			City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
Zip	Zip Country			Zip Cour				8. This corporation owes or has paid the current year Intangible	
24	25			30				Personal Properly Tax due June 30.  Yes No	
	g, Name	and Address of Co	irrent Registered	Agent				10. Name and Address of New Registered Agent	
SA	VADEH, MIF	RIAM			1	81	Name		
1602 <b>\$O</b> UTH DIXIE HIGHWAY						82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
l la	KE WORTH								
						63		į	
ĺ					h	84	City	<b>85</b> Zip Code	
							·		
11. Pursuant	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 a	ını <b>fa</b> miliar w	ith, and accept the d	bligations of Secti	ion 607.0505, Flo	rida Statu	ites.	ino ociporati	iona board of amostore, thoropy accopt the appointment as regioned	
SIGNATURE									
<del></del>	Signature typed	or printed name of register	ed agent and bite if applic S AND DIRECTORS		flegistered	Agen	i signature require	od whon reinstaing)  ADDIT(ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	T	CATIOEN	AND DIA GIONS	DELETE	1.1 701	ı F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	wal	felowar			1.2 NAI		MALAM	Thras SARDEH.	
STREET ADDRESS	Your						VDDRESS (	4783 Blue Pine Cir	
CITY-ST-ZIP					1.4 CIT			LAKE worth, FL 33463	
TITLE	<del></del>			DELETE	2.1 1(1)	<del>~ ~ ~</del>		Change Addition	
NAME				-	2.2 NA	ME	<	Amoer Saalela	
STREET ADDRESS	}				2.3 STR	REET A	DDRESS Z	94 meadows To Rive	
CITY-ST-ZIP					2. 4 CIT		1.7	ANTIANA, FL 33X62	
TITLE				DELETÉ	3.1 T(T)			Change Addition	
NAME					3.2 NA	ME	٧ ٢	Miriam Sauleh Change & Addition 4783 Blue Pinc Circle LAKe worth, FL 33463	
STREET ADDRESS					3.3 STR	REETA	ODRESS	4783 BCL2 I'MC CITCL	
CITY-ST-ZIP	_				3.4. CIT	Y-ST	- ZIP	LAKE worth, 12 35463	
TITLE				DELETE	4.1 TITL	LΕ		Change Addition	
NAME					4. 2 NA	ME			
STREET ADDRESS					4.3 STR	REET A	ADDRESS		
CITY-ST-ZIP					4.4 CIT	Y-\$T-	-ZIP		
TITLE	[		-	☐ DELETE	5.1 1(1)	LE		Change Addition	
NAME					5.2 NA	ME		]	
STREET ADDRESS	1				5.3 STR	REET A	ADDRESS	j	
CITY-ST-ZIP					5.4 CIT	Y-\$1-	- ZIP		
TITLE				DELETE	6.1 TITL			Change Addition	
NAME	<b>\</b>				6.2 NA	ME		ļ	
STREET ADDRESS					6.3 STR	REET A	ADDRESS		
CITY-ST-ZIP	<u>L</u>			·	6.4 CIT	Y - ST -	ZIP		

14. Thereby 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 altachment with an address.