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

Mailing Addrage

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000004210 **DOCUMENT #**

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

HASAN BROTHERS INC.

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90011 012 ***150.00

r filicipal riace of business	Mailing Address	_		
9510 5.W. 137 AVE	9510 S.W	1. 13フロ ME	<u> </u>	
9510 S.W. 137 AVE 9510 S.W. 137 ME MIAMI FL 33188 MIAMI FL 33188		DO NOT WRITE IN THIS SPACE		
			J, 7.0°L	
			3. Date Incorporated or Qualifed	
	0-14-05-14) (14/98 4. FEI Number	
2. Principal Place of Business	2a. Mailing Address			Applied For
21 26		65-0805797	Not Applicable	
Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
27			Fee Required	
City & State	, <i>'</i>		6. Election Campaign Financing \$5.00 May Be	
[23]	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip Country		8. This corporation owes the current year Intangible	
24 25	29 3	0	Personal Property Tax.	X Yes □No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered A	gent
NABIL HASAI	\sim	81 Name	IABIL HASAN	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CD 55 401	82 Street Addre	ese (P.O. Boy Number is Not Accentable)	
14103 5.W.61	50 27 FP1	I Sueer Addit	ess (P.O. Box Number is Not Acceptable)	# B)
		83		
MIAMI EL 3	33/83			
	•	84 City	MIAM) FL	85 Zip Code
41 Pursuant to the provisions of Sections 607.05	502 and 607 1508 Florida Statutes			hanging its registered
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	e of Florida, Such change was auth	norized by the corporation	n's board of directors. I hereby accept the appoint	ment as registered
agent. I am familiar with, and accept the oblig	gations of Section 607 0505, Florid	a Statutes.	~/ _~ 1	
SIGNATURE // PIDIL	Machin		<u> </u>	79
Signature, typed or printed name of registered ag		egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
	OD DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	DIRECTORS IN 12 Change Addition
TITLE PRES	LI DELETE	1.1 TITLE	RES	Michael Michael 2
NABIL HASAN	<i>J</i>	1.2 NAME	1103 S.W. 66 5T	#B1 8
STREET ADDRESS 14103 5 W. 66	m H # BI	1.3 STREET ADDRESS	4103 5.00.	
CITY-ST-ZIP MIAMI FL 3	79187		MIAMI FL 33183	<u> </u>
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐ C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
		4. 2 NAME		
NAME				
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	□ pereze	4.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ OELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 C/TY-ST-Z/P		i

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.