Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90050 047 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9800009024

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ALI'S VENTURE, INC.

	,							,
Principal Place of Business Mailing Address				•		,		٠
9401 NW 17TH AVENUE 9401 NW 17TH AVENUE MIAMI FL 33147 MIAMI FL 33147								
· 		•			DO NOT WRITE IN THE	SPACE		
					3. Date Incorporated or Qualifed			
2-14-17-4-4					01/29/1998 4. FEI Number Applied For			
2. Principal Place of Business 2a. Mailing Address					l .		<del></del>	į
26					65-0812954		t Applicable	į
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional		)
City & State City & State					6. Election Campaign Financing	\$5.00 May Be		
23 28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip .	Country	,	This corporation owes the current year In Personal Property Tax.		□No	
	9. Name and Address of Current i				10. Name and Address of New Registered	i Agent		
ADIT	TANTE, JOHN L CPA		81	Name				
7700 NORTH KENDALL DRIVE SUITE 805			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		,	
MIAMI FL 33156								
	•		84	City		85 Zip 0	Code	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation Signature, typed or printed name of registered agent a	Florida. Such change was auth ns of, Section 607.0505, Florida	orized by a Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	intment as reg	gistered	_
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	86
TITLE	VSD	☐ DELETE	1.1 TITLE			Change	Addition	(11/98)
NAME	ALLI, ZABEYUN	1.21						
STREET ADDRESS	11760 SW 188 STREET		1.3 STREET ADDRESS				Ì	Ö
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY+ST-ZIP					R2E034
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	C
NAME	221		2.2 NAME				ļ	
STREET ADDRESS			2.3 STREE	TADORESS		•		
CITY-\$T-ZIP			2.4 CITY-ST-ZIP					
TITLE	□ DELETE 3:11		3.1 TITLE			☐ Change	Addition	
NAME 1	-		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	·		3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME				ľ	
STREET ADDRESS	, .		4.3 STREE	TADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TOTAL	I		C 4 70771 C	1		☐ Change	☐ Addition	

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

SIGNATURE: 2 REQUESTION THE CARSES OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-694-0712

☐ Change

☐ Addition