**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90015 031 \*\*\*150.00

DOCUI 1. Corporation MIAMI C									
Principal Place	e of Business	Mailing Address							
8725 SW 129 TERR 8725 SW 129 TERR									
MIAMI FL 33176 MIAMI FL 33176						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed			
			,			03/24/1998			
						4. FEI Number Applied For	1		
Principal Place of Business     Za. Mailing Address						65-0824634 Not Applicable	1		
21 28			<del></del>			\$8.75 Additional	Ţ		
Suite, Apt. #, etc. Suite, Apt. #, etc.			•			5. Certificate of Status Desired Fee Required			
27 City & State City & State				g, Election Campaign Financing \$5.00 N			<b>-</b> -		
				Trust Fund Contribution Added to					
Zip	Zip Country Zip			try		8. This corporation owes the current year Intangible			
	25	29 30	ה	•		Personal Property Tax.			
24	g. Name and Address of Curre					10. Name and Address of New Registered Agent	•		
<del></del>	S. Halle and Aborder of Contra			B1 Na	me				
DIN.	MISBAH UD		Ļ		4 4 4 4	(D.O. Day Number is Net Assemble)			
5000	SW 97TH CT		ľ	<b>82</b> Str	et Addre	sss (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33165		83						
			L			<u> </u>	į		
Í			- [	84 Clt	У	FL 85 Zip Code	į		
		02 and 607 1509 Florida Statutes	the ab	we-nan	ned coroc		ĺ		
office or r agent. 1 a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was auth ations of, Section 607.0505, Florida	orized a Statu	by the c tes.	corporatio	oration submits this statement for the purpose of changing its registered n's board of directors. I haraby accept the appointment as registered			
SIGNATURE	Signature, typed or printed name of registered ag	and Mis Manuficable (NOTE: Re	nistered A	oent skont	ture required	when reinstating) DATE	~		
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-	CKZE034 (11/98)		
TITLE	P	☐ DELETE	1.1 TITL	E	71	☐ Change ☐ Addition	Ξ		
NAME	DIN, MISBAH UD		1.2 NA	€		[ 5	8		
STREET ADDRESS	8725 SW 129 TERR			3 STREET ADDRESS .		. ( )	걾		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CIT	-ST-ZP			Ž		
TITLE	V	Z OELETE	21 T/TL	TILE		☐ Change ☐ Addition C	٦,		
NAME	KHAN, ALI ASIF		2.2 NAME				1		
STREET ADDRESS	8725 SW 129 TERR		2.3 STR	3 STREET ADDRESS		i de la companya de	1		
CITY-ST-ZIP	MIAMI-FL 39176		2.4 CIT	Y-ST-ZP	j		,		
TITLE		☐ DELETE	3.1 TITL			☐ Change ☐ Addition			
NAME			32 NA	Æ	1	•			
STREET ADDRESS			3.3 STR	EET ADDR	ESS	<u> </u>			
CITY-ST-ZIP			3.4. CIT	Y-8T-ZIP					
TITLE		☐ DELETE	4.1 TML	E		☐ Change ☐ Addition	f		
NAME			4.2 NA	ME,	_				
STREET ADDRESS			4.3 STR	EET ADDR	ŒSS	· 1			
CITY-ST-ZIP		_	4.4 CIT	Y-\$1-ZIP	1				
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition			
NAME			5.2 NA	Æ					
STREET ADDRESS			5.3 STR	EET ADOR	Œ5\$	<b>†</b>			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZP					
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	;		
NAME		į	6.2 NA	Æ			•		
STREET ADDRESS			6.3 STF	EET ADDR	ESS				
CITY-ST-ZIP			6.4 CTT	Y-\$T-ZIP					
	Land of the Land of the Land	THE SECTION ASSESSMENT OF THE SECTION ASSESS			totad in C	action 119 07/3/(i) Florida Statutes I further certify that the information			

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 certify 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.

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