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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039133

1. Corporation Name
DHAKA FOOD CORPORATION

Principal Place of Business	Mailing Address
1375 NE 125 STREET NORTH MIAMI FL 33161	1375 NE 125 STREET NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1375 NE 125 St.
Suite, Apt. #, etc.
22 NORTH MIAMI FL.
City & State
23 FLORIDA
Zip 24 33161 Country 25 DADE

2a. Mailing Address
26 1375 NE 125 St
Suite, Apt. #, etc.
27
City & State
28 N. MIAMI - DADE - FL
Zip 29 33161 Country 30

3. Date Incorporated or Qualified
04/30/1998

4. FEI Number
65-091-3162
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J ESQ
7270 NW 12 STREET
STE 360
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name MOHAMMED SHORAB HOSSAIN.
82 Street Address (P.O. Box Number is Not Acceptable)
1375 NE 125 ST.
83 N. MIAMI - FL - 33161.
84 City N. MIAMI FL 85 Zip Code 33161.

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Shorab Hossain
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SHORAB HOSSAIN, MOHAMMED 1375 NE 125 STREET NORTH MIAMI FL 33161	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

8/9/23

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.

SIGNATURE: Shorab Hossain (PSD). 6/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone # 305 215-5767

CR2E034 (11/98)