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 # P98000043722

1. Corporation Name

May 07, 1999 8:00 am Secretary of State 05-07-1999 90165 050 ***150.00

FIRST	OURI DEVELOPERS INC	,,				
						E MACHINARI KAR KARIK MENAK KANAN ARAM KARIM KARIM BANDAR KANAN KARIM MAKAN MAKAN MAKA MAKA MENAK
						
Principal Place	e of Business	Mailing	Address			
1 EAST BROW	ARD BLVD.		BROWARD BLVD.			
SUITE 620 SUITE 620 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE	
ולנו באטטבווטאו	LE 16 33301	FI. CAU	DENDALE IL 33001			3. Date Incorporated or Qualifed
)						05/14/1998
2. Principal P	lace of Business	2a, Ma	ling Address			4 FEI Number Applied For
21		26	_			65 - 083 502 Not Applicable
Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & Stat	е	City	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution . Added to Fees
Zip	Country	Zip	F-	Country		8. This corporation owes the current year Intangible
24	25	29	36	<u>o{</u>		Personal Property Tax. Yes No
	9. Name and Address of Cur	rent Registere	d Agent	81	Name	10. Name and Address of New Registered Agent
SOM	N, JEFFREY R				rvame	
	IST BROWARD BLVD.			82	Street	Address (P.O. Box Number is Not Acceptable)
SUITE 620			83			
l	AUDERDALE FL 33301			93		
, , , ,	MODERDALL I E GOOD!			84	City	FL 85 Zip Code
 		0500 1 507 4	FOR Floride Statutes			d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta	ate of Florida. S	uch change was auth	norized by t	the corpo	corporation's board of directors. I hereby accept the appointment as registered
agent. La:	m familiar with, and accept the ob-	ligations of, Sec	tion 607.0505, Florid	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered		MOTE B	nintered Anna	· sincetime si	required when reinstating) DATE
12.		AND DIRECTO		13.	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	7, 10 - 11 - 11	DELETE	1.1 TITLE		Change Cladition
NAME	SONN, JEFFREY R			1.2 NAME	ĺ	Ruhard Shan and suite 640
STREET ADDRESS	1 EAST BROWARD BLVD. S	TE 620		1.3 STREET	ADDRESS	TEAST BOWEN STON
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			1.4 CITY-ST	-ZIP	erlanderdule Pl 33301
TITLE	D		DELETE	2.1 TITLE	=	☐ Change ☐ Addition
NAME	SHAN, RICHARD			2.2 NAME	ĺ	[
STREET ADDRESS	C/Q 1 EAST BROWARD BLV	/D STE 620		2.3 STREET	ADDRESS	:
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			2 4 CITY-S	T-ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				33 STREET	ADDRESS	,
CITY-ST-ZIP				•		`
TITLE				3.4, CITY-S	T-ZIP	<u>'</u>
			DELETE	3.4, CITY-S' 4.1 TITLE	T-ZIP	Change Addition
NAME			DELETE		T-ZIP	
NAME STREET ADDRESS			☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
(4.1 TITLE 4. 2 NAME	ADDRESS	☐ Change ☐ Addition
STREET ADDRESS			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS	☐ Change ☐ Addition
STREET ADDRESS C/TY-ST-Z/P				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 C/TY-ST	ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS - ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS - ZIP ADDRESS	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS - ZIP ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS - ZIP ADDRESS	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 6.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP	Change Addition Change Addition Change Addition

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR