## 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 # P98000050920 1. Corporation Name

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90070 016 \*\*\*150.00

SAZ INC. OF U.S.A.							
Principal Place	of Business	Mailing Address			-{ 1 (9E)(08) tre teret levs enus extra entra entra	F DINE UDIN IWIA HUI	1 9811 1881
9762 GARDEN EAST DR. 9762 GARDEN EAST DR.							
PALM BEACH GARDEN FL 33410 PALM BEACH GARDEN FL 3341							
					DO NOT WRITE IN THIS	SPACE	<del></del>
					3. Date Incorporated or Qualifed 06/08/1998		
Principal Place of Business     2a. Mailing Address			••		4. FEI Number	Applie	d For
21		26		65-0840096	<del>, , ,</del>	pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional			
22		27			Fee Requi		
City & State		City & State		6. Election Campaign Financing	\$5.00 Ma		
23		28			Trust Fund Contribution	Added to F	ees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Ir		No
24	25		30		Personal Property Tax.  10. Name and Address of New Registered		No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
DALI	MAN CATLID		61	Name		_	
RAHMAN, FAZLUR 9762 GARDEN EAST DR.			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
	M BEACH GARDEN FL 33410		83				
FALI	W DEACH GARDEN IL 30410		03		•		
			84	City	FI	. 85 Zip Cod	le
		2 CO7 1509 Florido Statuto	e the abov	a named com	oration submits this statement for the purpose of	f changing its reo	istered
office or r	egistered agent or both in the State (	of Florida. Such change was au	ithorized by	the corporation	on's board of directors. I hereby accept the appo	intment as regist	ered
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if anolicable /NOTE:	Registered Age	nt signature require	d when reinstating) DATE		<u> </u>
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	IN 12
TITLE	PD	DELETE 1.1				☐ Change	☐ Addition
NAME	RAHMAN, FAZLUR		1.2 NAME				•
STREET ADDRESS	ATTAC CARTES TACT OF			TADDRESS	-		\$
ČTY-ST-ZIP	PALM BEACH GARDEN FL 33410			ST-ZIP		_	
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	HASSAN, IMTIAZ		2.2 NAME		·		
STREET ADDRESS	ATTO CARDEN FACT DD		2.3 STREET ADDRESS				
CITY-ST-ZIP	DALLA DELOU CADDEN EL COALC			1			
TITLE		10	2.4 CH 1-	ST-ZIP			
NAME		DELETE	3.1 TITLE	ST-ZIP		☐ Change	Addition
<b>\</b>				ST-ZIP		☐ Change	Addition
STREET ADDRESS			3.1 TITLE 3.2 NAME	ST-ZIP		☐ Change	Addition
			3.1 TITLE 3.2 NAME	ET ADORESS	· :		
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CITY-ST-ZIP		☐ DELETÉ	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ET ADORESS ST-ZIP	· :		
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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.

SIGNATURE:

Daytime Phone #