

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

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90048 029 \*\*\*150.00

DOCUMENT # P98000054117

1. Corporation Name  
PHAROAH TRADING, INC.



Principal Place of Business  
8225 NW 191ST ST. #37-D  
HIALEAH FL 33015-5304

Mailing Address  
8225 NW 191ST ST. #37-D  
HIALEAH FL 33015-5304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/15/1998

2. Principal Place of Business

2a. Mailing Address

21 47 N.W. 7TH AVE #D

26 645 IVES DAIRY RD #417-3

4. FEI Number  
65-0844276

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 Miami FL

28 N. Miami Beach, FL

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

Zip Country

Zip Country

24 33127

29 33179-5488

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANTECON, NICK N  
8225 NW 191ST ST, #37-D  
HIALEAH FL 33015-5304

81 Name  
MAHMOUD SHATAT

82 Street Address (P.O. Box Number is Not Acceptable)  
645 IVES DAIRY RD # 417-3

83

84 City  
N. Miami Beach

85 Zip Code  
FL 33179-5488

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

(NOTE: Registered Agent signature required when reinstating)

02/08/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME SHATAT, MAHMOUD  
STREET ADDRESS 4775 NW 7 AVE  
CITY-ST-ZIP MIAMI FL 33127

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 645 IVES Dairy Rd #417-3  
1.4 CITY-ST-ZIP N. Miami Beach FL 33179-5488

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: MAHMOUD SHATAT

02/08/99 (305) 756-3390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0131927