

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 11, 1999 8:00 am  
Secretary of State

03-11-1999 90187 045 \*\*\*150.00

DOCUMENT # P98000086236

1. Corporation Name

NYLA CORPORATION

Principal Place of Business

3661 S.W. 58TH TERRACE  
DAVIE FL 33314

Mailing Address

3661 S.W. 58TH TERRACE  
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

☒ 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

2. Principal Place of Business

21 5800 HOLLYWOOD BLVD

22 Suite, Apt. #, etc.

23 City & State

HOLLYWOOD, FLORIDA

24 Zip

33021

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CHOUDHRY, MUZAFFAR I  
3661 S.W. 58TH TERRACE  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

X *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NAEEM, MOHSIN A  
STREET ADDRESS 3661 S.W. 58TH TERRACE  
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ DELETE

NAME CHOUDHRY, MUZAFFAR I  
STREET ADDRESS 3661 S.W. 58TH TERRACE  
CITY-ST-ZIP DAVIE FL 33314

TITLE D ☐ DELETE

NAME CHOUDHRY, TAHIRA N  
STREET ADDRESS 3661 S.W. 58TH TERRACE  
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(954) 792-9594

Daytime Phone #

CR2E034 (11/98)

0294330