

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90047 019 ***150.00

DOCUMENT # P98000095197

Corporation Name
ANCIENT LAND Corp

Place of Business
12234 S.W 95th St
MIAMI - FL 33186

Mailing Address
12234 S.W 95th St
MIAMI - FL 33186

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/10/98

4. FEI Number
65-0874738

Applied For
☐ Not Applicable

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

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

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

2a. Mailing Address
251

Suite, Apt. #, etc.
271

City & State
281

Country
251

Zip
291

Country
301

9. Name and Address of Current Registered Agent
ASAD, IYAD
12234 S.W 95th Street
MIAMI - FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code
FL

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

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when resigning)	DATE
OFFICERS AND DIRECTORS		
POD ASAD, IYAD 12234 S.W 95th St. MIAMI - FL 33186	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STO ASAD, LOISA 12234 S.W 95th St. MIAMI - FL 33186	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
VD Audi, Audi O 12234 S.W 95th St. MIAMI - FL 33186	<input type="checkbox"/> DELETE	12 NAME
	<input type="checkbox"/> DELETE	13 STREET ADDRESS
	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	22 NAME
	<input type="checkbox"/> DELETE	23 STREET ADDRESS
	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32 NAME
	<input type="checkbox"/> DELETE	33 STREET ADDRESS
	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42 NAME
	<input type="checkbox"/> DELETE	43 STREET ADDRESS
	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	52 NAME
	<input type="checkbox"/> DELETE	53 STREET ADDRESS
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	62 NAME
	<input type="checkbox"/> DELETE	63 STREET ADDRESS
	<input type="checkbox"/> DELETE	64 CITY-ST-ZIP

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

Signature: X
06/04/99

CR2E034 (11/98)