

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 SEP 23 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten initials]*

DOCUMENT # P98000098549  
1. Corporation Name  
**ONE THOUSAND NIGHTS & A DAY, INC.**

Principal Place of Business Mailing Address  
**7606 NW 17 AVE.  
MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
**11/24/98**

4. FEI Number Applied For  
**65-0881267** 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

9. Name and Address of Current Registered Agent  
**JOSEPH SHOMAR  
17439 NW 66 CT  
MIAMI, FL 33015**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	KHALID TAWIL	
STREET ADDRESS	7606 NW 17 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>900003005959--7</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>-10/05/99--01078 01P</b>
2.3 STREET ADDRESS	<b>****158.75 ****158.75</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 8-20-99 Date Daytime Phone # \_\_\_\_\_

CR2E034 (1/98)

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# Shomar Accounting & Tax Services, P.A.

Certified Public Accountant

5190 N.W. 167 St. SUITE 111  
MIAMI, FLORIDA 33014

TEL: (305) 474-0086

FAX: (305) 474-0087

SHADI J. SHOMAR, C.F.A., MST  
JOSEPH SHOMAR, CONSULTANT

MEMBER:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

September 2, 1999

Re: One Thousand Nights & A Day, Inc.  
Relatives Investments, Inc.  
Kandeel Enterprises, Inc.  
Al Tawil Enterprises, Inc.

Dear Sir or Madam:

This letter is to inform you that I, Joseph Shomar, as incorporator of these companies never received the renewal forms for these corporations. Neither did the owners or officers of these corporations.

Since they were all filed on November 24, 1998 and we did not receive these forms, I assumed that the fees were covered through December of 1999. I now realize that this was an oversight on our part and apologize for it.

This is the first and last time that something like this will happen. So, I kindly ask you to consider our situation and renew the corporations; waiving the late fee.

Again I apologize for our mistake and thank you for your time and patience in dealing with this matter.

If you have any further questions, please feel free to call me at (305)474-0086.

Sincerely,

  
Joseph Shomar, Accountant