

**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**

99 SEP 23 PM 3:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P98000098556**  
 1. Corporation Name  
**RELATIVES INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**350 NW 79 ST. MIAMI, FL 33150**      **5190 NW 167 ST. #111 MIAMI, FL 33014**

*[Handwritten mark]*

DO NOT WRITE IN THIS SPACE

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

3	Date incorporated or Qualified	11/24/98
4	FEI Number	65-0877218
5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8	This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 **JOSEPH SHOMAR** DATE **8/20/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>IBRAHIM DALIEL</b>
STREET ADDRESS	<b>800 N. MIAMI AVENUE #1209E</b>
CITY-ST-ZIP	<b>MIAMI, FL 33136</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HUSAM HASAN SAFI</b>
1.3 STREET ADDRESS	<b>350 NW 79 ST.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33150</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>900003005839--1</b>
2.3 STREET ADDRESS	<b>-10/05/99--01070--017</b>
2.4 CITY-ST-ZIP	<b>***476.25 ***158.75</b>
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: **HUSAM HASAN SAFI** *Husam Safi* DATE: **8/20/99** (305) 381-6306  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

①

# 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.P.A., MST  
JOSEPH SHOMAR, CONSULTANT

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

September 2, 1999

Re: 1) One Thousand Nights & A Day, Inc.  
2) Relatives Investments, Inc.  
3) Kandeel Enterprises, Inc.  
4) 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