SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90003 036 ***150.00

DOCUMENT #	# P9800010269	4

FATIMA FOOD, INC.

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Principal Place	e of Business	Mailing Address			i (201(20) tie initi initi 201() antit mant tiett fürte here stiff initi mant ten		
8926 BYRON A	VE.	8926 BYRON AVE.					
SURFSIDE FL 3	3154	SURFSIDE FL 33154			DO NOT INDITE IN THE CRACE		
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
		(a. 44 %)	_		12/07/1998 4. FEI Number Applied For		
	lace of Business	2a. Mailing Address					
21 26		65-0886263 Not Applicable \$8.75 Additional					
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State				6. Election Campaign Financing \$5.00 May Be			
23	•	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	trv	8. This corporation owes the current year		
24	25	29	30	-,	Intangible Personal Property. Yes No		
	9. Name and Address of Curren		100		10. Name and Address of New Registered Agent		
14118			1	81 Na	ame		
	n, Kamrul H B Byron Ave.		Ī	B2 Str	treet Address (P.O. Box Number is Not Acceptable)		
	FSIDE FL 33154			B3			
			<u> </u>	84 Cit	city 85 Zip Code		
		1007 1500 51 11 01 11		بلب	FL 00 25		
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							
	Signature, typed or printed name of registered agen			d Agent si	signature required when reinstating) DATE On the property of		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ORESS		
TITLE	0	DELETE	1.1 TITL		Change Addition		
NAME	KHAN, KAMRUL H		1.2 NAN)		
STREET ADDRESS	8926 BYRON AVE.			EET ADDR	RESS INC.		
CITY-ST-ZIP	SURFSIDE FL 33154		1.4 CITA 2.1 TITE	/-ST-ZIP	_		
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NAME			2.2 NAN				
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I. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/97 305- 933-2358

Fatima Food, Inc. 8926 Byron Ave. Surfside FL 33154 (305) 933-2358

P98000102694 610984

August, 1999

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Fatima Food, Inc.

Enclosed please find the Corporation Annual Report for the Corporation of Fatima Food, Inc. We are requesting a waver of the late fees due to not receiving the 1ST Notice for filing the Corporation Annual Report. The Corporation was formed on 12-07-98. We were not aware of having to file the report. In the future all reports will be mailed on time.

Also enclosed please find a check for \$150.00 as filing fee.

A Certified Copy is not necessary.

Thank you for your cooperation to this matter.

Sincerely,

Khan H Kamrul

Kalton to

President