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 PORPORATIONS

DOCUMENT # P98000102908

MURID ENTERPRISES, INC.

Mailing A

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90008 006 ***150.00



Principal Place	e oi business	Mailing Address								
22807 N. STA1	TE ROAD 7	22807 N. STATE ROAD 7				1				
BOCA RATON	FL 33428	BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE				
							EINTHIS	PACE		
ļ						3. Date Incorporated or Qualified				
		To salita Address				12/10/1998 4. FEI Number			Applied For	_
	lace of Business	2a. Mailing Address					<u> </u>	Applied For	\exists	
	N. Ocean Blvd.	26 3904 N. Ocean Blvd.			65-0896476		60.7	Not Applicabl	e	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Ш		5 Additional Required	- }	
22		27				 				
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23 1	uderdale, FL	Zip Country				Trust Fund Contribution		Add	ed to Fees	\dashv
Zip 24 33308	Country	<u> </u>	_	-		8. This corporation owes the curre	nt year	Vac	x No	
24 33308	25 USA	29 33308	30 U	SA		Intangible Personal Property. 10. Name and Address of New Re		Yes	X NO	\dashv
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered A	Benr		\dashv
MAI	MAD DANI			"	Manne					
MANIAR, RAJU				82	Street Address (P.O. Box Number is Not Acceptable)				\neg	
6635 W. COMMERCIAL BLVD. #215										
IAN	MARAC FL 33319			83					,	
Ì				84	City			85 Z	Zip Code	
}	_			1	J.1.		FL.			}
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	es, the at	ove-na	amed corpor	ration submits this statement for the pur	pose of cha	nging its	s registered	
l office or	registered agent, or both, in the State a am familiar with, and accept the obliga	of Florida. Such change was :	authorize	ed by th	ne corporation	on's board of directors. I hereby accept	the appoint	ment as	s registered	
	ann lamalar with and accept the conga	10113 01, 00011011 007.0000, 7 1	orida ota	itatoo.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Regist	ered Ager	nt signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	3 J
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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.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR YASTI IN TO 18

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pears =

July 6, 1999

Florida Department of State Division of Corporation 409 East Gaines Street Tallahassee, FL 32399

Re: Murid Enterprises, Inc.
Document #98000102908

Dear Sir or Madam:

Enclosed please find the Annual Report for Murid Enterprises, Inc. We did not receive the first notice for filing and therefore, did not file the Annual Report timely. In addition, enclosed pleasefind a check in the amount of one hundred fifty dollars (\$150.00) as and for the annual filing fee. Please accept the check as payment for our annual fee. I appreciate any consideration you might give us due to the fact that we did not receive the initial Annual Report.

Thank you for your consideration.

Very truly yours,

Murid Enterprises, Inc.

Yasmin Teja, Director

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