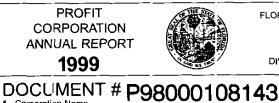
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

AMMAR & SALAMA, INC.



FLORIDA DEPAF:TMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90225 004 ***150.00

Mailing Address Principal Place of Business 730 OLD BELLE GLADE RD 730 OLD BELLE GLADE RD PAHOKEE FL 33476 PAHOKEE FL 33476 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/28/1998 FEI Number 65-0882189 Appl ed For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Acditional Suite, Art. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Совлагу Zip 8. This corporation owes the current year Inlangible []No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 HEFFERNAN, RICHARD L 82 Street Acdress (P.O. Box Number is Not Acceptable) 2911 E MAIN STREET PAHOKEE FL 33476 83 Zip Code City 85 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agen, and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE AMMAR, RAID S 1.2 NAME NAME 3110 CONGRESS PARK DR #1128 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDR :SS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 mile -Change Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDF ESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change DELETE 5 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDEESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDI:ESS

CITY-ST-ZIP 14. I here by 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 received 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 ent with an address, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE:

4-21.99 (561)-924-3407

CR2E034 (11/98)