

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90171 030 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S09736

1. Corporation Name
NAJD, INC.

Principal Place of Business
7810 SW 83 CT
MIAMI FL 33143

Mailing Address
7810 SW 83 CT
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1990

4. FEI Number
65-0228089

Applied For
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

2. Principal Place of Business
21 9010 SW 125th Ave.

2a. Mailing Address
26 NAJD, INC.

Suite, Apt. #, etc.
22 Apt # 403 G

Suite, Apt. #, etc.
27 P.O. Box 914

City & State
23 Miami, FL

City & State
28 South Miami, FL

Zip Country
24 33186 25

Zip Country
29 33243 30

9. Name and Address of Current Registered Agent

SALMAN, SAMI A.
7810 SW 83 CT
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SALMAN, ABDEL RAHMAN A.	7810 SW 83 CT	MIAMI FL	<input type="checkbox"/>
D	SALMAN, OMAR A.	7810 SW 83 CT	MIAMI FL	<input type="checkbox"/>
D	MAROUF, MOHAMAD E.E.	7810 SW 83 CT	MIAMI FL	<input type="checkbox"/>
D	SALMAN, SAMI A.	7810 SW 83 CT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (305) 596 3213

Date

Daytime Phone #

CR2E034 (11/98)