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

DOCUMENT # S10593

Corporation Name
PARACHA, INC.

Principal Place of Business

Mailing Address

12505 W DIXIE HWY NORTH MIAMI FL 33161 12505 W DIXIE HWY NORTH MIAMI FL 33161

FILED Jan 20, 1999 8:00am Secretary of State

01-20-1999 90026 028 ***150.00



DO NOT WRITE IN THIS SPACE

-	<u> </u>		•				11/01/1990		
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
	ace of Business	26	¬				65-0228598 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
22]				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing S5.00 May Be		
23							Trust Fund Contribution Added to Fees		
Zip	Country	1	Zip Cour		ntry		8. This corporation owes the current year Intangible		
24	25	29	3	0			Personal Property Tax.		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
					81	Name			
HAMEED, ABDUL					82 Street Address (P.O. Box Number is Not Acceptable)				
19221 E LAKE DRIVE							The state of the s		
MIAMI FL 33015					83				
					84	City	85 Zip Code		
						•	FL "		
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 a	m familiar with, and accept the obligat	ions of	Section 607.0505, Florid	da Statu	ites	•			
SIGNATURE			ANTE P	logisters -	Agen'	eiooahum room	ired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AN			13.	Agent	signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD OFFICERS AN	DUINE	☐ DELETE	1,1 TI	TLE		☐ Change ☐ Addition		
	HAMEED, ABDUL			1.2 N					
NAME	19221 E LAKE DR			l l	1.3 STREET ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL VD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE		ZIP	☐ Change ☐ Addition		
TITLE	SIDDIQUI, IQBAL A		_ DELETE	2.2 NA					
NAME	·					ADDRESS			
STREET ADDRESS	13245 S W 85TH LANE								
CITY-ST-ZIP	MIAMI FL		□ DELETE	3.1 TI	ITY-ST	-219	☐ Change ☐ Addition		
TITLE	SD VACHEEN			3.1 N					
NAME C	HAMEED, YASMEEN					ADDRESS			
STREET ADDRESS	19221 E LAKE DR								
CITY-ST-ZIP	MIAMI FL		☐ DELETE	3.4 C	ITY-ST	-ZIP	☐ Change ☐ Addition		
TITLE	DADACHA ABOUL MAJEED			4.111 4.2 N			_ v _		
NAME	PARACHA, ABDUL MAJEED					ADORESS			
STREET ADDRESS	-7873 NW 191 ST					1			
CITY-ST-ZIP	MIAMI FL		☐ DELETE	5.1 TI	TY-ST-	- 4.IP	☐ Change ☐ Addition		
TITLE				5.1 N					
NAME						ADDRESS	•		
STREET ADDRESS	1.7.				TY-ST				
CITY-ST-ZIP			☐ DELETE	6.1 TI			☐ Change ☐ Addition		
TITLE			₩ DELET	6.2 N					
NAME						ADDRESS			
STREET ADDRESS						- 1			
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP	A discovery of the Date to 16 the configuration		

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:

IRPAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-58

305-895-293

Daytime Phone #

CR2E034 (11/98)