

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90051 031 \*\*\*150.00

DOCUMENT # S14101

1. Corporation Name  
MAHERNIGAR, INC.



Principal Place of Business  
2881 WEST BROWARD BLVD  
STE. 2  
FT LAUDERDALE FL 33312  
US

Mailing Address  
2881 WEST BROWARD BLVD  
STE. 2  
FT LAUDERDALE FL 33312  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1990

4. FEI Number

65-0229591

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Fee Required

\$8.75 Additional

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 FL 33312

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARAS, ANDRE'  
2881 WEST BROWARD BLVD.  
STE. 2  
FT. LAUDERDALE FL 33312

81 Name MARAIS, ANDRE

82 Street Address (P.O. Box Number is Not Acceptable)  
6649 SOMERSET DRIVE #203

83

84 City BOCA RATON

FL

85

Zip Code 33433

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MAMUN, MIRZA AL  
STREET ADDRESS 2881 WEST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE  
NAME ZUBARI, MIRZA AL  
STREET ADDRESS 2881 WEST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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* SIGNATURE REQUIRED  
Signature typed, printed name of signing officer or director

DATE: *4-17-99* DAYTIME PHONE: *(954) 962-6533*

CR2E034 (11/98)