

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mormann
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

5/11/95 10:15

REC'D - CIVIL
TALLAHASSEE, FLORIDA

DOCUMENT # S34916 (4)
1. Corporation Name
MCCOY PLAZA, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Office Address 2003 MCCOY RD ORLANDO FL 32809		2a. Mailing Address 2003 MCCOY RD ORLANDO FL 32809		3. Date Inc. Organized or Qualified 02/25/1991	3a. Date of Last Report 05/13/1994
21. State of Inc. Org. FL	26. State of Mailing Address FL	4. FEI Number 59-3055874		Applied For ☐ \$8.75 Additional Fee Required Not Applicable ☐	
22. City of Inc. Org. ORLANDO	27. City of Mailing Address ORLANDO	5. Certificate of Status - Current ☐		\$5.00 May Be Added to Fees	
23. County of Inc. Org. ORANGE	28. County of Mailing Address ORANGE	6. Election Campaign Information Total Fund Contribution: ☐		\$5.00 May Be Added to Fees	
24. State of Inc. Org. FL	25. State of Mailing Address FL	29. State of Inc. Org. FL		30. State of Mailing Address FL	

9. Name and Address of Current Registered Agent MUBARAK, AHMAD 2003 MCCOY RD ORLANDO FL 32809		10. Name and Address of New Registered Agent FL 85	
81. Name	82. Street Address, R.F.D. or Post Office Box and City and State	83. Name	84. Street Address, R.F.D. or Post Office Box and City and State

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at Tallahassee, Florida, for filing with the public.

12. OFFICER, DIRECTOR, OR OTHER OFFICER OF THE CORPORATION	13. OFFICER, DIRECTOR, OR OTHER OFFICER OF THE CORPORATION
NAME D MUBARAK, AHMAD	NAME D MUBARAK, AHMAD
ADDRESS 2003 MCCOY RD	ADDRESS 2003 MCCOY RD
CITY ORLANDO FL	CITY ORLANDO FL
STATE FL	STATE FL
COUNTRY USA	COUNTRY USA
DATE 5-15-95	DATE 5-15-95
SIGNATURE Ahmad Mubarak	SIGNATURE Ahmad Mubarak
PRINTED NAME Ahmad Mubarak	PRINTED NAME Ahmad Mubarak
TITLE Director	TITLE Director
DATE 5-15-95	DATE 5-15-95
SIGNATURE Ahmad Mubarak	SIGNATURE Ahmad Mubarak
PRINTED NAME Ahmad Mubarak	PRINTED NAME Ahmad Mubarak
TITLE Director	TITLE Director
DATE 5-15-95	DATE 5-15-95
SIGNATURE Ahmad Mubarak	SIGNATURE Ahmad Mubarak
PRINTED NAME Ahmad Mubarak	PRINTED NAME Ahmad Mubarak
TITLE Director	TITLE Director
DATE 5-15-95	DATE 5-15-95

14. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at Tallahassee, Florida, for filing with the public.

SIGNATURE: Ahmad Mubarak (Ahmad Mubarak) 5-15/95 (101) 240-2444

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Munham
Secretary of State
1900 Bank of America Plaza
Tallahassee, Florida 32399-0001

APPROVED

1995 MAY 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S35663** (1)

1. Corporation Name
INTERNATIONAL SANFORD SUPPLIER CORP.

Principal Office Address: **7354 N.W. 34TH STREET
MIAMI FL 33122**
Mailing Address: **7354 N.W. 34TH STREET
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or launched 03/05/1991	3a. Date of Last Report 04/08/1994
4. File Number 65-0247576	Applied For ☐ Not Applicable
5. Certificate of Status Request ☐	\$8.75 Additional Fee Required
6. Director Certificate Request ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for enterprise law under the 1994 FLA Florida Statutes ☐ Yes ☒ No	

2. Principal Office Address	2a. Mailing Address
21. Office Address	26. Mailing Address
22. Office Address	27. Mailing Address
23. Office Address	28. Mailing Address
24. Office Address	29. Mailing Address
25. Office Address	30. Mailing Address

9. Name and Address of Current Registered Agent

**CASASSA, LUIS
7354 N.W. 34TH STREET
MIAMI FL 33122**

10. Name and Address of New Registered Agent

B1. Name	B5. State
B2. Street Address, P.O. Box Number or R.F.A. registration	
B3. City	
B4. Zip	

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is a resident of the State of Florida. If the information is not true and correct, the undersigned shall be liable for the same under the provisions of the Florida Statutes.

12. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. If the information is not true and correct, I shall be liable for the same under the provisions of the Florida Statutes.

13. Name	14. Address
13.1. Name	14.1. Address
13.2. Name	14.2. Address
13.3. Name	14.3. Address
13.4. Name	14.4. Address
13.5. Name	14.5. Address
13.6. Name	14.6. Address
13.7. Name	14.7. Address
13.8. Name	14.8. Address
13.9. Name	14.9. Address
13.10. Name	14.10. Address
13.11. Name	14.11. Address
13.12. Name	14.12. Address
13.13. Name	14.13. Address
13.14. Name	14.14. Address
13.15. Name	14.15. Address
13.16. Name	14.16. Address
13.17. Name	14.17. Address
13.18. Name	14.18. Address
13.19. Name	14.19. Address
13.20. Name	14.20. Address

14. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. If the information is not true and correct, I shall be liable for the same under the provisions of the Florida Statutes.

SIGNATURE:

WITNESSES AND THE SECRETARY OF STATE SHALL SIGNIFY THE SIGNING OF THIS REPORT