

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT -2 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70705** (6)
1. Corporation Name
TODD-RAHEEM ASSOCIATES, INC.

Principal Place of Business
**2151 LEJEUNE RD #306
CORAL GABLES FL 33134**

Mailing Address
**2151 LEJEUNE RD #306
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

1000 Ponce De Leon Blvd **1000 Ponce De Leon Blvd**
2. Principal Place of Business 2a. Mailing Address
21 122 **26 120**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Coral Gables FL **27 Coral Gables**
City & State City & State
23 FLA **28 FLA**
Zip Zip
24 33134 **25 America** **29 33134** **30 America**

3. Date Incorporated or Qualified **08/05/1991** 3a. Date of Last Report **09/16/1996**
4. FEI Number **65-0358079** 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**TODD, WILLIAM E
2151 LEJEUNE RD #306
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name Samal A Raheem
82 Street Address (P.O. Box Number Not Acceptable) 1000 Ponce De Leon Blvd #120
83 Coral Gables FL 33134
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 **Samal A. Raheem** DATE **9-25-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, WILLIAM E	1.2 NAME	
STREET ADDRESS	2151 LEJEUNE RD #306	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHEEM, JAMAL A	2.2 NAME	800002312578--6
STREET ADDRESS	12013 SW 110 ST CIR NO.	2.3 STREET ADDRESS	-10/06/97--01099--021
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	*****550.00 *****550.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Samal A. Raheem** DATE: **9-14-97**

CR2E034 (4/97)