## 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 # **\$74578**1. Corporation Name

	ND HAHSH, INC.							
Principal Place o	of Business	Mailing Address			Tibelie in least older of			1.
90611 OLD HIGHW TAVERNIER FL 33		90611 OLD HIGHWAY TAVERNIER FL 33070			DO NOT I	WRITE IN THIS:	SPACE	•
				•	3. Date Incorporated or Qual			
	. •	•		•	08/20/1991			
2. Principal Plac	ce of Business	2a. Mailing Address	· · · · ·		4. FEI Number		App	lied For
21		26			65-0281917			Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗆 -	\$8.75 A Fee Red	
<u> </u>		27.	<u> </u>	<u> </u>	<u></u>	<u> 루드 </u>	<u></u>	·
City & State		City & State			6. Election Campaign Finance Trust Fund Contribution	ing	\$5.00 t Added to	
Zip	Country	Zip	Cour	ntrv	8. This corporation owes the	current year Inta	angible	
24	25	29	30	•	Personal Property Tax.			□No
24	9. Name and Address of Current	<u> </u>	1991		10. Name and Address of N	w Registered A	Agent	
	1 1			81 Name				}
FILING			}	82 Street Addre	ess (P.O. Box Number is Not Acc	entable)	<u></u>	
3732 N.W. 16TH STREET			. ]	52 Stiest Addit	ess (F.O. DOX Hambel is right as		person	
FORT LAUDERDALE FL 33311			·	83		V		
			ŀ	84 City	\$ 1.5 E.B. 44 E.B. 3	<u> </u>	85 Zip C	ode
				/	·	FL		
701-72			+			the nurness of	changing its	registered
SIGNATURE	2.3				oration submits this statement for on's board of directors. I hereby a		changing its ntment as reg	registered jistered
SIGNATURE SI	ignature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	oove-named corp by the corporation ites.	d when reinstating)	DATE		
SIGNATURE SI	ignature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature required	•	DATE		
SIGNATURE Signature	gnature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	E: Registered 13. 1.1 ππ	Agent signature required	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	operature, typed or printed name of registered agent OFFICERS AND D PATEL, JAYESH G.	and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA	Agent signature required	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  ITILE   INAME   INAME	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY.	and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST	Agent signature required  LE  ME  REET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL	and title if applicable. (NOTE ) DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CF	Agent signature required  LE  ME  REET ADDRESS  TY-ST-ZIP	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL	and title if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII	Agent signature required  LE  ME  REET ADDRESS  Y- ST- ZIP  LE	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE   I    NAME   STREET ADDRESS   CITY-ST-ZIP  TITLE   NAME   NAME   NAME   I	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J.	and title if applicable. (NOTE ) DIRECTORS  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	Agent signature required  LE  ME  REET ADDRESS  TY- ST- ZIP  LE  ME	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE ) DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 ST	Agent signature required  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J.	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CI	Agent signature required  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP	d when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE ) DIRECTORS  DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CD 2.1 TIT 2.2 NA 2.3 ST 2.4 CD 3.1 TIT 3.3 TIT 4.5 TIT 4.5 TIT 5.5 TIT 5	Agent signature required  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered  13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA	Agent signature required  LE  ME  REET ADDRESS  IY- ST- ZIP  LE  ME  REET ADDRESS  IY- ST- ZIP  LE  ME	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	Agent signature required  LE  ME  REET ADDRESS  YY ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	Agent signature required  LE  ME  REET ADDRESS  Y'- ST-ZIP  LE  ME  REET ADDRESS  TY- ST-ZIP  LE  ME  REET ADDRESS  TY- ST-ZIP	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4 CIT 4.1 TIT	Agent signature required  LE  ME  REET ADDRESS  YY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	Agent signature required  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  AME	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CCI 4.1 TIT 4.2 NA 4.3 ST	Agent signature required  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADORESS  TY-ST-ZIP  LE  AME  REET ADDRESS	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND D PATEL, JAYESH G. 90611 OVERSEAS HWY. TAVERNIER FL D PATEL, HEUM J. 90611 OVERSEAS HWY.	and title if applicable. (NOTE DIRECTORS DELETE DELETE DELETE	E: Registered  13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CCI 4.1 TIT 4.2 NA 4.3 ST	Agent signature required  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  AME  REET ADDRESS  TY-ST-ZIP  LE  AME  REET ADDRESS  TY-ST-ZIP	d when reinstating)	DATE	D DIRECTO	RS IN 12 Addition Addition

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90012 036 \*\*\*150.00

Change

☐ Addition