FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86445

(1)

NAZIH CHAMOUN, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-			
4136 SW 14 ST		4136 SW 14 ST							
MIAMI FL 33134		MIAMI FL 33134			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	.,		
						10/03/1991			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	pplied For	
21		26			65-0335393			t Applicable	
Suite, Apt. #	f, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75		
22		27						Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip Country		28	Zip Country			This corporation owes or has paid the current year Intangible			
24	25		30			Personal Property Tax due June 30. Yes No			
	9, Name and Address of Curren			<u> </u>		10. Name and Address of New Re		gent	
CHA	MOUN, NAZIH B.			81	Name				
4136 SW 14 ST				82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
MIAMI FL 33134				Ш			·		
				83					
				84	City			85 Zip	Code
<u> </u>			- ,,	Щ.			FL	hanaina ii	a registered
office or re agent. I ar	o the provisions of Sections 607.050; ogistered agent, or both, in the State in familiar with, and accept the goliga	2 and 607.1508, Florida Statute of Forida. Such change was a lyons of, Section 607.0505, Flo	es, the ai uthorize rida Stal	d by the tutes.	he corporation	oration submits this statement for the pon's board of directors. I hereby acce	pt the appo	intment as	registered
SIGNATURE	NOTAKIN	18moy					4/2	'2/ 7	8
·	Signature, type to particular after of registered agri- OFFICERS AND		: Registers	d Agent	Bignalure required	d when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	0	DELETE	1.1 70	ITLE		ADDITION OF THE CONTRACTOR OF		Change	Addition
NAME	CHAMOUN, NAZIH B.		1.2 N	AME					
STREET ADORESS	4136 SW 14 ST		1.3 STREE		DDRESS				}
CITY-ST-ZIP	MIAMI FL		1.4 0	ITY-ST-	ZIP				
TITLE	D	DELETE	2.1 1	TLE				Change	Addition (
NAME	CHAMOUN, NOUHA M.		2.2 N	AME					
STREET ADDRESS	4136 SW 14 ST		2.3 \$1	TREET AL	DDRESS				
CITY-ST-ZIP	MIAMI FL		_	CITY-ST	- ZIP				A 1400
TITLE		☐ DELETE	3.1 11				ļ	Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP		DELETE	3.4, CITY- 4.1 TITLE		- ZiP			Change	Addition
TITLE NAME		C DECENT	4.1 IIILE 4.2 NAME				!	o.w.go	
STREET ADDRESS				TREET AC	nnaess				
CITY-ST-ZIP				ITY-ST-					
TITLE		DELETE	5.1 TITLE		-			Change	Addition
NAME			5.2 NAME						1
STREET ADDRESS			5.3 S	TREET A	DORESS				1
CITY-ST-ZIP			5.4 C	ITY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI	ITLE				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET A	DORESS				
CITY-ST-ZIP 6.4.CI 1. hereby certify that the information supplied with this filling does not qualify for the extension supplied with the properties of the extension supplied with the properties of the extension supplied with the properties of the extension supplied with the ext				ITY-ST-			4 46	218 - Ab - 2 -2	1-60-00-01-11-
14 I hereby o	ertify that the information supplied w	ith this filing does not qualify fo	or the ex	emotic	on stated in S	section 119.07(3)(I), Florida Statutes.	turther cer	my that the	information

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.

SIGNATURE: Noch

4/20/19

CR2E034