

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # S99301 (1)**  
 1. Corporation Name  
**SSBA, INC.**



Principal Place of Business: **2545 NW 42ND AVE MIAMI FL 33142**  
 Mailing Address: **2545 NW 42ND AVENUE MIAMI FL 33142 US**

3. Date Incorporated or Qualified: **12/09/1991**  
 3a. Date of Last Report: **06/07/1995**  
 4. FEI Number: **65-0297451**  
 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 has liability for ineligibility tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc  
 22 City & State  
 23 Zip  
 24 Country  
 25  
 2a. Mailing Address  
 26 Suite, Apt. #, etc  
 27 City & State  
 28 Zip  
 29 Country  
 30

9. Name and Address of Current Registered Agent  
**SIDDIQI, IOBAL**  
**13245 SW 85TH LN**  
**MIAMI FL 33183**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature type: Principal, Treasurer, Registered Agent and Director (if applicable) (801) Registered Agent signature required when applicable (802)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>SIDDIQI, IOBAL A</b>	
STREET ADDRESS	<b>13245 SW 85TH LN</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>SIDDIQI, IRSHAD B</b>	
STREET ADDRESS	<b>13245 SW 85TH LN</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/>
NAME	<b>SIDDIQI, MOHAMMAD ALI</b>	
STREET ADDRESS	<b>13245 SW 85TH LN</b>	
CITY - ST - ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE	<b>SECRETARY</b>	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>SIDDIQI, MOHAMMAD ALI</b>		
33 STREET ADDRESS	<b>13245 SW 85TH LN</b>		
34 CITY - ST - ZIP	<b>MIAMI FL 33183</b>		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change or addition, or an attachment with an address.

**SIGNATURE:** *(Signature)* **(Fayaz A Siddiqi)** **06/15/96** **305-8716767**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)