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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V15823

(0)

RUKHSI OF FLORIDA, INC.

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Principal Place of Business			Ma	Mailing Address				FIRST BIRDT ALOIT BIRTE STRIT DIRTT TERT	
859 NE 81ST ST Miami Fl 33138 US			M	559 NE 81ST ST Miami FL 33138-4519 US					
						· · · · · · · · · · · · · · · · · · ·	Date Incorporated or Qualified 02/21/1992	3a. Date of Last Report 04/12/1996	
2. Principal Place of Business				2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			65-0331970	Not Applicable	
22 Suite, Apr. #, etc.				7			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State				City & State			6. Election Campaign Financing	\$5.00 May Be	
23			28				Trust Fund Contribution	Added to Fees	
Zip	Country			7ip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24				30			Yes No		
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
	AL AHMED				81	Name			
559 NE 81ST ST.						Street Addr	ess (P.O. Box Number is Not Acceptate	ole)	
MIAMI FL 33138					83				
					831				
						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	Cignathus Inno	La cartag papa of march	d age of and tall	d outle oblig	It Daystred And	nt cincours con in	ed when reinstating)	DATE	
12.	Signature, typed or printed name of registered agent and title if applicabil: (N OFFICERS AND DIRECTORS				13.	n signature require	ADDITIONS/CHANGES TO OFFIC		
TITLE	P				1.1 10TLF			☐ Change ☐ Addition	
NAME	AHMED, IQBAL				12 NAME				
STREET ADDRESS	PPA ALE AAAT AT			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S1 - ZIP		1 - ZIP			
TITLE	VP DELETE				2.1 TITLE			☐ Change ☐ Addition	
NAME		rukhsana p.		2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	MIAMI FL				2. 4 CITY- S	T-ZIP			
TITLE				DELETE	3.1 TITLE			Change Addition	
NAME					3.2 NAME				
STREET ADDRESS					33 STREET	ADDRESS			
CATY-ST-ZIP					3 4. OTY - S	T - ZIF			
TITLE				☐ DELF1E	4.1 THTLE			Change Addition	
NAME					4. 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 C(1Y - S	I - 71P			
TITLE				☐ DELETE	5.1 111LE			Change Addition	
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
					•			•	

14. I do hereby certify that the information of policid 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 as 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 on 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 chapter of 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 chapter of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 THLF

6.2 NAME

DELETE

2/11/67 /200

Change Addition

Mar 19 1997 8:00am

Secretary of State