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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V20243** **(4)**

1. Corporation Name

SAQIB INC.

Principal Place of Business	Mailing Address
6710 PARKWAY DRIVE S. MARGATE FL 33068 3204 W. Commercial Blvd. Tamarac FL 33309	6710 PARKWAY DRIVE S. MARGATE FL 33068 3204 W. Commercial Blvd. Tamarac FL. 33309

2. Principal Place of Business		2a. Mailing Address	
21	3204 W. Commercial	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Blvd	27	
City & State		City & State	
23	Tamarac Fl.	28	
Zip	Country	Zip	Country
24	33309 25 Broward	29	30

3. Date Incorporated or Qualified: 03/11/1992
3a. Date of Last Report: 04/14/1995
4. FEI Number: 65-0320076 ☐ 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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

BEDI, HUSSAIN A.
6710 PARKWAY DRIVE S.
MARGATE FL 33068

10. **Name and Address of New Registered Agent**

81 Name: BEDI, HUSSAIN A.
82 Street Address (P.O. Box Number is Not Acceptable): 5304 N.W. 64 TERR.
83
84 City: LAUDERHILL FL 85 Zip Code: 33319

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEDI, HUSSAIN A.		1.2 NAME		
STREET ADDRESS	6710 PARKWAY DRIVE S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEDI, SABERA H.		2.2 NAME		
STREET ADDRESS	6710 PARKWAY DRIVE S.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hussain Bedi HUSSAIN BEDI 4-28-96 954-486-2057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #