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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

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SECRETARY OF STATE



DOCUMENT # V57501

(1)

1. Corporation Name

PENTA ENTERPRISES, INC.

Principal Place of Business

4701 N.W. 167 STREET
MIAMI FL 33055

Mailing Address

4701 N.W. 167 STREET
MIAMI FL 33055

3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

Signature typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CHOWDHURY, NAWSHAD
STREET ADDRESS 4990 COCONUT CREEK PKWY
CITY- ST- ZIP COCONUT CREEK FL

TITLE VD ☒ DELETE

NAME HUQ, NIZAM
STREET ADDRESS 23180 FLORALWOOD LN
CITY- ST- ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME CHOWDHURY, IQBAL GANI
STREET ADDRESS 20 SOUTHERN CROSS CIR103
CITY- ST- ZIP BOYNTON BEACH FL

TITLE TD ☐ DELETE

NAME HOQUE, AMINUL
STREET ADDRESS 1484 AVON LN APT 1226
CITY- ST- ZIP N LAUDERDALE FL

TITLE D ☒ DELETE

NAME UDDIN, MOHAMMAD I.
STREET ADDRESS 2079 N.E. 167TH ST. #5
CITY- ST- ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

6/25/96

Date

(305)625-0432

Daytime Phone #

CR2E034 (12/95)