SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 05 1997 8:00am PROFIT* FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (1) PENTA ENTERPRISES, INC. Principal Place of Business Mailing Address 4701 N.W. 167 STREET 4701 N.W. 167 STREET MIAMI FL 33055 MIAMI FL 33055 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/14/1992 02/25/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0372215 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 26 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHOWDHURY, NAWSHAD 81 Name 4990 COCONUT CREEK PKWY 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33168** 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE CHOWDHURY, NAWSHAD 1.2 NAME NAME 4990 COCONUT CREEK PKWY STREET ADDRESS 1.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP SD DELETE Change Addition TITLE 2.1 TITLE CHOWDHURY, IQBAL GANI NAME 2.2 NAME 20 SOUTHERN CROSS CIR103 STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP TD DELETE ☐ Change Addition TITLE 3.1 TITLE HOQUE, AMINUL NAME 3.2 NAME 1484 AVON LN APT 1226 STREET ADDRESS 3.3 STREET ADDRESS N LAUDERDALE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF 14. I do hereby certify that the information supplied with this filling 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.

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