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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 30 1998 8:00am Secretary of State

1. Corporation		#	V0104	O		(2)					
AK CC	RPORATI	ION									
Principal Plac		i\$			Mailing	Address					
11401 PINES BLVD 20109 NW 62CT											
#900 MIAMI FL 33015 PEMBROKE PINES FL 33026 US											DO NOT WRITE IN THIS SPACE
US											3. Date Incorporated or Qualified
											09/03/1992
2. Principal Place of Business 2a. Mailing Address							-				4. FEI Number Applied For
21					26						65-0354477 Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional		
22					27						Fse Required
City & Stat	е	-	City & State						6. Election Campaign Financing \$5.00 May Be		
Zip Country					28 Zin						Trust Fund Contribution
24	¬ ' 			29	Zip 30			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent							30	 			10. Name and Address of New Registered Agent
KAJANI, AMIN 81 Name										me	
	109 NW 62							82			(20 0 - 1/2 - (- 1/2) - (- 1/2)
MIAMI FL 33015									50	eet Addre	ess (P.O. Box Number is Not Acceptable)
Will Hill 1 2 000 10								83			•
								-			-
								84 City			FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-namer									ned corpo	pration submits this statement for the purpose of changing its registered	
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 											on's board of directors. I hereby accept the appointment as registered
SIGNATURE			, .								
	Signature, typed	or prin	led name of registered ag				TE: Re		ent sigi	nature required	d when reinstating) DATE
12.	D		OFFICERS AN	D DIR	ECTOR	S DELETE	-	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition:
TITLE	KAJANI	414	IN			T DELETE		1.1 TITLE			Criange Adultion:
NAME OTREET LODDESS								1.2 NAME			
STREET ADDRESS	ss 20109 NW 62CT MIAMI FL								1.3 STREET ADDRESS 1.4 City-St-Zip		
CITY-ST-ZIP	S					DELETE					☐ Change ☐ Addition
NAME	HUSSAIN, ANIS						- 1	2.1 TITLE 2.2 NAME			Classes
STREET ADDRESS	ANADA BINI ADOT						2.3 STREET AD			ESS	
CITY-ST-ZIP	MARK EL								2. 4 CITY-ST-ZIP		
TITLE	V					☐ DELETE		3.1 TITLE		1	Change Addition
NAME	HUSSA	IN, A	IJAZ				1	3.2 NAME		ĺ	
STREET ADDRESS	20109 NW 62ND CT							3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL.							3.4. CITY-ST-ZIP			
TITLE						DELETE		4.1 TITLE			Change Addition
NAME							ı	4. 2 NAME			
STREET ADDRESS							ı	4.3 STREET	ADDR	SS	
CITY-ST-ZIP								4.4 CITY - S	T-ZIP		
TITLE						DELETE		5.1 TITLE			Change Addition
NAME								5.2 NAME			
STREET ADDRESS								5.3 STREET	ADDR	SS	
CITY-ST-ZIP							_	5.4 CITY - S	T-ZIP		
TITLE						☐ DELETE	ı	6.1 TITLE			Change
NAME								6.2 NAME			
STREET ADDRESS								6.3 STREET		iss	
CITY-ST-ZIP								6.4 CITY-S	T-ZIP	1	

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

305-623-684