

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90006 018 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000038680**

1. Corporation Name  
**SABIRA, INC.**



Principal Place of Business: 11860 NEW CHAPEL COURT, ORLANDO FL 32837  
 Mailing Address: 11860 NEW CHAPEL COURT, ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1997**  
 4. FEI Number: **59-3449292**  
 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 owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
 22 City & State: 23  
 Zip: 24 Country: 25  
 2a. Mailing Address: 26 **717 East Oak Street**  
 Suite, Apt. #, etc.: 27  
 City & State: 28 **Kissimmee FL**  
 Zip: 29 **34744** Country: 30 **USA**

9. Name and Address of Current Registered Agent  
**SWART, HARRY J CPA**  
**717 EAST OAK STREET**  
**KISSIMMEE FL 34744**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>KANWAL, MOHAMMED</b>	
STREET ADDRESS	<b>11860 NEW CHAPEL COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

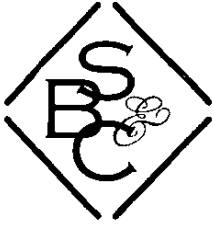
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied 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 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: \_\_\_\_\_

CR2E034 (5/99)



P97000038680  
610466-90006-18

# SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA  
ANDY J. BAUMRUK, CPA

August 24, 1999

Division of Corporations  
Annual Report Division  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is the Annual Report of Sabira, Inc. and a check for \$150 for the annual fee.

The report is being filed late due to our client never receiving the first notice. Enclosed is the completed 1999 Annual Report we prepared on their behalf and their payment of \$150.00. You will see in checking their history that they have always filed timely. Therefore, we ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your cooperation in this matter and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures