

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:22

DOCUMENT # M70091 (7)

1. Corporation Name
ALY HASSAN SHAH, INC.

Principal Place of Business Mailing Address
901 NORTHWEST 17TH STREET 901 NORTHWEST 17TH STREET
MIAMI FL 33138 MIAMI FL 33138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/01/1988 3a. Date of Last Report 06/21/1994

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number 65-0041044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

MILTANA JOHN
8801 BISCAYNE BLVD SUITE 101
MIAMI FL 33138

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	JUNAID, AKBAR
STREET ADDRESS	1341 SW 104 AVE
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	PD
NAME	MANZER, MASOOD
STREET ADDRESS	9380 FOUNTIANEBLEAU 405
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	JUNAID, FOZIA
STREET ADDRESS	1341 SW 104 AVE.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	S
NAME	SIDDIQI, SULEMAN
STREET ADDRESS	9360 FOUNTAIN BLEAU BLVD. #502
CITY - ST - ZIP	MIAMI FL 33172
TITLE	S
NAME	ASHAR, NIGHAT
STREET ADDRESS	845 EAST 49 ST.
CITY - ST - ZIP	HIALEAH FL 33013
TITLE	T
NAME	KHAN, ABBAS
STREET ADDRESS	845 EAST 49TH ST.
CITY - ST - ZIP	HIALEAH FL 33013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Manzer* 2/5/95 (305) 545-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR