

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M70091 (7)**

1. Corporation Name
ALY HASSAN SHAH, INC.



Principal Place of Business: **901 NORTHWEST 17TH STREET MIAMI FL 33136**
Mailing Address: **901 NORTHWEST 17TH STREET MIAMI FL 33136**

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

3. Date Incorporated or Qualified: **03/01/1988**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **65-0041044**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**MILITANA 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
85 Zip Code
FL

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: (Type the corporate name if the officer is not responsible) (Print Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE: **V**
NAME: **JUNAID, AKBAR**
STREET ADDRESS: **1341 SW 104 AVE**
CITY-STATE-ZIP: **PEMBROKE PINES FL**
TITLE: **PD**
NAME: **MANZER, MASOOD**
STREET ADDRESS: **9360 FOUNTAINBLEAU 405**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: **VP**
NAME: **JUNAID, FOZIA**
STREET ADDRESS: **1341 SW 104 AVE.**
CITY-STATE-ZIP: **PEMBROKE PINES FL**
TITLE: **S**
NAME: **SIDDIQUI, SULEMAN**
STREET ADDRESS: **9360 FOUNTAIN BLEAU BLVD. #502**
CITY-STATE-ZIP: **MIAMI FL 33172**
TITLE: **S**
NAME: **ASHAR, NIGHAT**
STREET ADDRESS: **845 EAST 49 ST.**
CITY-STATE-ZIP: **HIALEAH FL 33013**
TITLE: **T**
NAME: **KHAN, ABBAS**
STREET ADDRESS: **845 EAST 49TH ST.**
CITY-STATE-ZIP: **HIALEAH FL 33013**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/23/96 (305) 545-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)