

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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 MAR 20 PM 2:10

DOCUMENT # **P29034** (6)

1. Corporation Name  
**EGYPTIAN COOPERATIVE ASSOCIATION FOR DEVELOPMENT  
INCORPORATED**

Principal Place of Business 5728 MAJOR BLVD. SUITE 612 ORLANDO FL 32819 US	Mailing Address 5728 MAJOR BLVD., STE. 612 SUITE 612 ORLANDO FL 32819-7838 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/24/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>36-3312431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ELDIFRAWI, DR. AHMED A.  
5728 MAJOR BLVD SUITE 612  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name <i>Same</i>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELDIFRAWI, DR. AHMED
STREET ADDRESS	16650 ROYAL PALM DR
CITY-ST-ZIP	GROVELAND FL
TITLE	D
NAME	KASHMIRI, RAFIAH R.
STREET ADDRESS	16650 ROYAL PALM DR
CITY-ST-ZIP	GROVELAND FL
TITLE	D
NAME	HAMOUDA, DR. FAROUK
STREET ADDRESS	888 BAKER COURT
CITY-ST-ZIP	GLEN ELLYN IL
TITLE	D
NAME	ERIAN, DR. MOUUNR
STREET ADDRESS	P O BOX 7897 N/A
CITY-ST-ZIP	RIYADH, SAUDI ARABIA
TITLE	D
NAME	ELDIFRAWI, AMANY
STREET ADDRESS	4801 N. PK AVENUE #100B
CITY-ST-ZIP	CHEVY CHASE MD
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ahmed El Difrawi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_