

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, CORPORATE AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000003410 (7)

1. Corporation Name

SULIEMAN BROTHERS, INC.

Principal Place of Business

Mailing Address

1640 S FEDERAL HWY
 #C-102
 DELRAY BCH FL 33483
 US

1885 PALM COVE BLVD
 SUITE 207
 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0373482

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

2. Principal Place of Business

2a. Mailing Address

21

26

9682 VIA EMILIE

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

22

27

BOCA RATON, FL,

23

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25

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33428

30

U.S.A

9. Name and Address of Current Registered Agent

SULIEMAN, AMJAD
 1885 PALM COVE BLVD
 SUITE 207
 DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name AMJAD SULIEMAN
 82 Street Address (P.O. Box Number is Not Acceptable) 9682 VIA EMILIE
 83
 84 City BOCA RATON FL 85 Zip Code 33428

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

Amjad Suliman AMJAD SULIEMAN / PRES.

7-5-95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	AMJAD SULIEMAN
STREET ADDRESS	1885 PALM COVE BLVD, #207
CITY - ST - ZIP	DELRAY BEACH FL 33445
TITLE	V
NAME	ALLY ESMAIL
STREET ADDRESS	9683 VIA EMILIE
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMJAD SULIEMAN	
1.3 STREET ADDRESS	9682 VIA EMILIE	
1.4 CITY - ST - ZIP	BOCA RATON FL 33428	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MONJID HAMDAN	
3.3 STREET ADDRESS	45 GRAND STREET #434	
3.4 CITY - ST - ZIP	WORCESTER, MA, 01610	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amjad Suliman* 7-5-95 (407) 276-5524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate #

CR2E034 (3/95)