


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P92000003410 (7)**  
 1. Corporation Name  
**SULIEMAN BROTHERS, INC.**



Principal Place of Business <b>15445 MILITARY TRAIL                  #C                  DELRAY BCH FL 33455                  US</b>	Mailing Address <b>9682 VIAEMILE                  BOCOA RATON FL 33428                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 14545 South military TR</b> Suite, Apt. #, etc. <b>22 #C</b> City & State <b>23 Delray Bch FL</b> Zip <b>24 33484</b>	2a. Mailing Address <b>26 9682 VIAEMILE</b> Suite, Apt. #, etc. <b>27 BOCOA RATON FL 33428</b> City & State <b>28 FL</b> Zip <b>29 33484</b>
---	---

3. Date Incorporated or Qualified <b>11/04/1992</b>	4. FEI Number <b>65-0373482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**SULIEMAN, AMJAD  
 9682 VIA EMILIE  
 BOCA RATON FL 33428**

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

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>P</b>	<input type="checkbox"/> DELETE
NAME	<b>AMJAD SULIEMAN</b>	
STREET ADDRESS	<b>9682 VIA EMILIE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLY ESMAIL</b>	
STREET ADDRESS	<b>9683 VIA EMILIE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMDAN, MONJID</b>	
STREET ADDRESS	<b>45 GRAND ST STE 434</b>	
CITY-ST-ZIP	<b>WORCHESTER MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Amjad Suliman* **Amjad Suliman / PRES. 4-15-98 (561) 488-3527**

CR2E034 (10/97)