

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation **DOCUMENT #**

ROWAN EXPORT COMPANY, INC.
7077 Lakeworth Road,
Lake Worth, Florida 33467

ALLAH... FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/8/94	3a. Date of Last Report 1994
4. FEI Number 15-0570786	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

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

9. Name and Address of Current Registered Agent

Mohammad S. Salameh
21164 Escondido Way
Boca Raton, Florida 33433

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
86. Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

(Registered Agent Accepting Appointment)

DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE D/P	1.2 NAME Mohammad S. Salameh	1.1 TITLE	1.2 NAME
1.3 ADDRESS	1.3 ADDRESS	1.3 ADDRESS	1.3 ADDRESS
1.4 CITY-ST-ZIP 7077 Lakeworth Road, Lakeworth, Florida 33467	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.1 TITLE	2.2 NAME
2.3 ADDRESS	2.3 ADDRESS	2.3 ADDRESS	2.3 ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME Ezdeen Nasr V/P	3.1 TITLE	3.2 NAME
3.3 ADDRESS	3.3 ADDRESS	3.3 ADDRESS	3.3 ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME Mahmoud Mussallam (D)	4.1 TITLE	4.2 NAME
4.3 ADDRESS	4.3 ADDRESS	4.3 ADDRESS	4.3 ADDRESS
4.4 CITY-ST-ZIP 7077 Lakeworth Rd. Lakeworth FL 33467	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 ADDRESS	5.3 ADDRESS	5.3 ADDRESS	5.3 ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 ADDRESS	6.3 ADDRESS	6.3 ADDRESS	6.3 ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or on an attachment with an address.

SIGNATURE

DATE

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

CRS03-11/93