FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000041976 (8)

1. Corporation Name

HOLLYWOOD OASIS, INC.

Principal Place of Business	Mailing Address
5600 HALLANDALE BEACH BLVD HOLLYWOOD FL 33025	5600 HALLANDALE BEACH BLVD HOLLYWOOD FL 33025

3. Date Incorporated or Qualified: 05/24/1995

3a. Date of Last Report: 5-24-95

2. Principal Place of Business
21: 5600 HALLANDALE BCH BLVD
22: Suite, Apt. #, etc
23: City & State: HOLLYWOOD FL
24: Zip: 33023-5240
25: Country

2a. Mailing Address
26: 5600 HALLANDALE BCH BLVD
27: Suite, Apt. #, etc
28: City & State: HOLLYWOOD FL
29: Zip: 33023-5240
30: Country

4. FEI Number: 65-0599906 ☐ 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

9. Name and Address of Current Registered Agent

SHOTWELL, MARY P
8362 PINES BLVD
SUITE 299
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: MOSTAFA KAMAL
82 Street Address (P.O. Box Number is Not Acceptable): 5614 HALLANDALE BCH BLVD
83
84 City: HOLLYWOOD FL 85 Zip Code: 33023

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: x Mostafa Kamal MOSTAFA KAMAL PRESIDENT DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LHAKANI, MOHAMMAD I 8443 MISSIONWOOD DR W MIRAMAR FL 33025	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P MOSTAFA KAMAL 5600 HALLANDALE BCH BLVD HOLLYWOOD FL 33023	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHOTWELL, MARY P 8443 MISSIONWOOD DR W MIRAMAR FL 33025	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP T SADIK MIAH 5600 HALLANDALE BCH BLVD HOLLYWOOD FL 33023	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S HABIBUR RAHAMAN 5600 HALLANDALE BCH BLVD HOLLYWOOD FL 33023	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Mostafa Kamal MOSTAFA KAMAL President 954-961-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #