

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000052659 (6)**

1. Corporation Name
MONTAZ, INC.



Principal Place of Business
**2633 ROBERTS AVE.
TALLAHASSEE FL 32304**

Mailing Address
**2633 ROBERTS AVE.
TALLAHASSEE FL 32304**

2. Principal Place of Business		2a. Mailing Address	
21	26	City & State	
22		27	
23		28	
24	25	29	30

3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report N/A
4. FEI Number 65-0597354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KAMALI, MOHAMMED M
2633 ROBERTS AVE.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
KAMAL, MOHAMMED M.

82 Street Address - P.O. Box Number is Not Acceptable

83 **(KAMAL WAS MISPELLED KAMALI)**

84 City
FL 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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAMAL, MOHAMMED M	
STREET ADDRESS	2030 BELLVIEW WAY, #62	
CITY-STATE-ZIP	TALLAHASSEE FL 32304	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ISLAM, NAZRUL	
STREET ADDRESS	2030 BELLVIEW WAY, #62	
CITY-STATE-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
31 STREET ADDRESS	
31 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
41 STREET ADDRESS	
41 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
51 STREET ADDRESS	
51 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
61 STREET ADDRESS	
61 CITY-STATE-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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or 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 as an attachment with an address.

SIGNATURE: *M. Mustafa Kamal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96
576-2332

CR2E034 (12/95)