

4-15-98 B4798C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 15 1998 8:00am  
Secretary of State

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

DOCUMENT # **S43140** (0)  
1. Corporation Name  
**A 2 Z INTERNATIONAL TRADING, INC.**

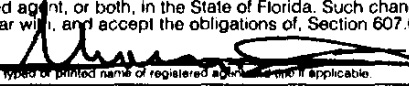
|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br><b>2920 W AIRPORT BLVD<br/>SANFORD FL 32771</b> | Mailing Address<br><b>2920 W AIRPORT BLVD<br/>SANFORD FL 32771</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                           |  |                                                                                |  |                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 <b>185 EAST AIRPORT BLVD.</b><br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 <b>185 EAST AIRPORT BLVD.</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>04/04/1991</b>                                                                                                                     |  |
| 23 <b>SANFORD FL</b><br>City & State                                                      |  | 27 <b>SANFORD FL</b><br>City & State                                           |  | 4. FEI Number<br><b>65-0258389</b>                                                                                                                                         |  |
| 24 <b>32775</b><br>Zip                                                                    |  | 29 <b>32773</b><br>Zip                                                         |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                            |  |
| 25 <b>FL</b><br>Country                                                                   |  | 30 <b>FL</b><br>Country                                                        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| 28 <b>32775</b><br>Zip                                                                    |  | 31 <b>32773</b><br>Zip                                                         |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

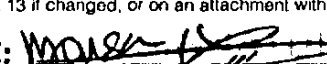
|                                                                                                                    |  |                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>MOUSA, NEMA<br/>2920 W AIRPORT BLVD<br/>SANFORD FL 32771</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>185 EAST AIRPORT BLVD</b><br>83<br>84 City <b>SANFORD</b> FL 85 Zip Code <b>32773</b> |  |
|--------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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  DATE **5/31/98**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |                                                                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                   |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VPS<br/>ALAWADHI, AL<br/>713 WILLOW CREST ST.<br/>ORANGE CITY FL 32763</b> <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PT<br/>MOUSA, NEMA<br/>2400 S. OAK PARK DRIVE<br/>DELAND FL 32774</b> <input type="checkbox"/> DELETE      | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE                                                                               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **NEMA MOUSA** 1/7/97 407-330-5275

CP2E034 (10/97)