

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S82820** (9)

1. Corporation Name  
**A.Q.S.A., INC.**



Principal Place of Business: **45 NW 5TH AVE DANIA FL 33004**  
Mailing Address: **45 NW 5TH AVE DANIA FL 33004**

3. Date Incorporated or Qualified: **09/26/1991**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **65-0285955**  
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

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

9. Name and Address of Current Registered Agent

**AYASH, IBRAHIM  
2844 S CAMBRIDGE LN  
COOPER CITY FL 33026**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(2), 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 607.06(5), Florida Statutes.

SIGNATURE

Signature of Agent: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DPV	<input checked="" type="checkbox"/> DELETE
2. NAME	AYASH, IBRAHIM	
3. STREET ADDRESS	2844 S CAMBRIDGE LN	
4. CITY-STATE	COOPER CITY FL	
5. TITLE	DST	<input type="checkbox"/> DELETE
6. NAME	SALEH, EMAD	
7. STREET ADDRESS	10521 NW 11TH ST	
8. CITY-STATE	PEMBROKE PINES FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P.V.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	EMAD SALEH	
3. STREET ADDRESS	1021 N-W 11TH ST	
4. CITY-STATE	PEMBROKE PINES FL	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE		

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: *Emad Saleh* for corp 1-16-96 4500213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)