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 # **V69232** **(9)**

1. Corporate Name

ALBADWI CORP.

Principal Place of Business

8290 N MIAMI AVE
MIAMI FL

Mailing Address

8290 N MIAMI AVE
MIAMI FL

3. Date Incorporated or Qualified: **10/02/1992**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **65-0370905** — 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

2. Principal Place of Business
21
Suite Apt. Room
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite Apt. Room
27
City & State
28
Zip 29 — County 30

9. Name and Address of Current Registered Agent

ABU-SABI, RABAH H.
8290 NORTH MIAMI AVE.
MIAMI FL

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections [illegible] 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. The 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 [illegible] Florida Statutes.

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

Title	D	☐ DELETE
Name	ABU-SABI, RABAH H.	
Street Address	8290 NORTH MIAMI AVE.	
City-St-Zip	MIAMI FL	
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		
Title		☐ DELETE
Name		
Street Address		
City-St-Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 Title	☐ Change ☐ Addition
1.2 Name	
1.3 Street Address	
1.4 City-St-Zip	
2.1 Title	☐ Change ☐ Addition
2.2 Name	
2.3 Street Address	
2.4 City-St-Zip	
3.1 Title	☐ Change ☐ Addition
3.2 Name	
3.3 Street Address	
3.4 City-St-Zip	
4.1 Title	☐ Change ☐ Addition
4.2 Name	
4.3 Street Address	
4.4 City-St-Zip	
5.1 Title	☐ Change ☐ Addition
5.2 Name	
5.3 Street Address	
5.4 City-St-Zip	
6.1 Title	☐ Change ☐ Addition
6.2 Name	
6.3 Street Address	
6.4 City-St-Zip	

14. I do hereby certify that the information supplied on this form is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shown on this form and in any attached 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 and 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 with an officer or director title.

SIGNATURE: X Rabah H. abu Sabi — 1/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)