SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000047741

1. Corporation Name

AMERICAN BINEX CORPORATION.

Principal Place of Business
2825 NE 214 TER,.# B
NORTH MIAMI
FL-33180

Mailing Address
2825 NE 214 TER # B
NORTH MIAMI
FL-33180

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 4/6/1995
4. FEI Number: 65-0501655
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 the 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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

KALAM KHIZR
2825 NE 214 TER.,# B
NORTH MIAMI-FL-33180

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD - KALAM KHIZR 2825 NE 214 TER # B N. MIAMI FL-33180	[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Add

100001865751
-06/18/96--01116--048
***225.00

6/17 JZ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. [illegible]

SIGNATURE: 5/31/96 (305)682-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)