## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

565979

(2)

1. Corporatio		` '				
Principal Plac	e of Business	Mailing Address		<del>.,</del>	{	##### B1811 B1811 B1811 B1811 1881
8190 SW 78 STREET P.O. BOX 430 SUITE 100 MIAMI FL 332					DO NOT WRITE IN TH	IC CDACE
MAMIFL 33143 US					3. Date Incorporated or Qualified	IS STACE
•					02/06/1978	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	י '		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	City & State	State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	у	8. This corporation owes or has paid the	current year Intangible
24	25   29   30   9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No	
		irrent Registered Agent	B1	Name	10. Name and Address of New Registers	Agent
	ASKARI 90 SW 78 STREET				(50.5	
	JITE 100		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143			83			
			84	City		. 85 Zip Code
44 D						
office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the d	.0502 and 607.1508, Florida Statuti State of Florida. Such change was a abligations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named col y the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					uired whon reinstating) DATE	
12.	Signature typed or printed harvin of registers OF LICERS	AND DIRECTORS	13.	erii signalure req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE			1.1 1ffle			Change Addition
NAME	ASKARI, MICHAEL		1.2 NAME			
STREET ADDRESS	8190 SW 78 STREET		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE	C ALCAUD UDU DDINGE I	C DELETE 2.1				L Change Addition
NAME	AL-SAUD, HRH PRINCE I 8190 S.W. 78 ST.	м.	2.2 NAME		•	
STREET ADDRESS	MIAMI FL.		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			j
CITY-ST-ZIP TITLE			3.1 TITLE	21-514		Change Addition
NAME	ADDEL AND TABLE		3.2 NAME			
STREET ADDRESS	0400 044 7074 07			I ADDRESS		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME	AL-KHATIB, FAISAL					
STREET ADDRESS	8190 S.W. 78 ST.		4.3 STREET	T ADDRESS		
CITY-ST-ZIP			4.4 CiTY - 9	ST-ZIP		
TITLE	41 01444 W4 4 BB1 H 444		51 TITLE	ľ		Change Addition
NAME OTREET ADDOCCES	0400 0 141 70 07		5.2 NAME	T ADDOCCO		
STREET ADDRESS	8.514.8.11 F4		5 4 CITY- 5	T ADDRESS		
CITY-ST-ZIP TITLE	LAST CONTRACTOR OF THE CONTRAC		6.1 TITLE	51 * CH*		Change Addition
NAME	6413444 445		6.2 NAME			
STREET ADDRESS	0400 0311 70 07			T ADDRESS		
0174 07 710	MIAMI FI		0.4.0170.4	07. 200		

14. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.