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May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F55831

(4)

1. Corporation Name
AZIZA, INC.



Principal Place of Business

Mailing Address

642 N.W. 11TH STREET
C/O ADEL ANTAR OSMAN
MIAMI FL 33136

642 N.W. 11TH STREET
C/O ADEL ANTAR OSMAN
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 642 NW 11th Street
Suite, Apt. #, etc.

22 City & State
23 Miami, Fla / 33136

24 Zip 33136 Country U.S.A

9. Name and Address of Current Registered Agent

OSMAN, ADEL ANTAR
642 N.W. 11TH STREET
MIAMI FL 33136

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME OSMAN, ADEL ANTAR
STREET ADDRESS 642 N.W. 11TH ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME OSMAN, AZIZA ADEL
STREET ADDRESS 642 N.W. 11TH ST
CITY-ST-ZIP MIAMI FL

TITLE VP
NAME JEEHAN ADEL OSMAN
STREET ADDRESS 642 N.W. 11TH ST
CITY-ST-ZIP MIAMI FL

TITLE D
NAME OSMAN, MOHAMED
STREET ADDRESS 642 N.W. 11TH ST
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Adel Antar

11/25/98 (305) 374-5838

CR2E034 (10/97)