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 # **H87158** **(2)**

1. Corporation Name

AL-MADAD CORP.

Principal Place of Business	Mailing Address
% ALDOS DELI ~~20036 N.E. 2ND PLACE~~ 927 OLD FEDERAL ~~N MIAMI FL 33179~~ HIGHWAY	% ALDOS DELI 20036 N.E. 2ND PLACE N MIAMI FL 33179

2. Principal Place of Business	2a. Mailing Address
21 927 OLD FEDERAL	26 927 OLD FEDERAL
Suite, Apt. #, etc. 22 HIGHWAY	Suite, Apt. #, etc. 27 HIGHWAY
City & State 23 HALLANDALE	City & State 28 HALLANDALE
Zip 24 33009 Country 25 BROWARD	Zip 29 33009 Country 30 BROWARD

3. Date Incorporated or Qualified 11/27/1985	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2613822	☐ 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	

9. Name and Address of Current Registered Agent

MUKATI, MOHAMMAD SHARIF
927 OLD FEDERAL HWY.
HALLANDALE FL 33009-4129

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 Section 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUKATI, MOHAMMAD SHARIF		1.2 NAME		
STREET ADDRESS	20036 NE 2ND PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUKATI, MOHAMMAD SHARIF		2.2 NAME		
STREET ADDRESS	20036 NE 2ND PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUKATI, RASHIDA		3.2 NAME		
STREET ADDRESS	20036 NE 2ND PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MUKATI, RASHIDA		4.2 NAME		
STREET ADDRESS	20036 NE 2ND PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is valid, currently 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 above, or on an attachment with an address.

SIGNATURE: _____ Mohammad Sharif Mukati (954) 454 1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)