

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

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Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H87158 (2)

1. Corporation Name
AL-MADAD CORP.

Principal Place of Business

Mailing Address

827 OLD FEDERAL HWY
HALLANDALE FL 33009
US

827 OLD FEDERAL HWY
HALLANDALE FL 33009
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/27/1985
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2613822
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUKATI, MOHAMMAD SHARIF
827 OLD FEDERAL HWY.
HALLANDALE FL 33009-4120

81 Name	85 Zip Code
82 Street Address (P.O. Box is acceptable)	
83 City	
84 State	

SHARIF MUKATI
310 NW 195TH AVE
PEMBROKE PINES FL 33029-3267
(954) 441-9476
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MUKATI, MOHAMMAD SHARIF	1.2 NAME	MUKATI, MOHAMMAD SHARIF
STREET ADDRESS	20036 NE 2ND PL	1.3 STREET ADDRESS	310 N.W 195 AVE
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	SD	2.1 TITLE	SHARIF MUKATI
NAME	MUKATI, MOHAMMAD SHARIF	2.2 NAME	310 NW 195TH AVE
STREET ADDRESS	20036 NE 2ND PL	2.3 STREET ADDRESS	PEMBROKE PINES FL 33029-3267
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	(954) 441-9476
TITLE	TD	3.1 TITLE	TD
NAME	MUKATI, RASHIDA	3.2 NAME	MUKATI, RASHIDA
STREET ADDRESS	20036 NE 2ND PL	3.3 STREET ADDRESS	310 N.W 195 AVE
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	VP	4.1 TITLE	VP
NAME	MUKATI, RASHIDA	4.2 NAME	MUKATI, RASHIDA
STREET ADDRESS	20036 NE 2ND PL	4.3 STREET ADDRESS	310 N.W 195 AVE
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

[Signature]

4/1/98 (92145411)

CR2E034 (10/97)