FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

APPROVED AND FILED

1997 AUG 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J54270

1. Corporation Name: Maali Gifts, Inc.

Principal Place of Business: 5745 W. Tolo Beanson Hwy. Kissimmee, FL 34746

Mailing Address: Same

3. Date Incorporated or Qualified: 1-29-87

3a. Date of Last Report:

2. Principal Place of Business (21): 5745 W. Tolo Beanson Hwy.

2a. Mailing Address (26):

Suite, Apt. #, etc. (22): #114

Suite, Apt. #, etc. (27):

City & State (23): Kissimmee, FL

City & State (28):

Zip (24): 34746 Country (25): USA

Zip (29): Country (30):

4. FEI Number: 59-2818806 — 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

Maali, Zukaria
5260 W. Tolo Beanson Hwy.
Kissimmee, FL 32746

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 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: Zakari Maali — 8/20/97

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	PD
NAME	Maali, Zukaria
STREET ADDRESS	8749 Summerville Place
CITY-ST-ZIP	Orlando FL
TITLE	V President & Director
NAME	Khalil A. Maali
STREET ADDRESS	8709 Masterlink Ct.
CITY-ST-ZIP	Orlando, FL 32836

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

REINSTATEMENT 8/26/97

10000227838 1--4
-08/27/97--01062--001
****915.00 ****915.00

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. 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: 4/30/97

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

CR2E034 (9/96)