

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90186 030 \*\*\*150.00

02096936

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J74143**

1. Corporation Name  
**FAUSAL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % MURRAY B. WEIL, JR.  
 1666 79TH ST CSWY. S-608  
 MIAMI BEACH FL 33141

Mailing Address  
 % MURRAY B. WEIL, JR.  
 1666 79TH ST CSWY. S-608  
 MIAMI BEACH FL 33141

3. Date Incorporated or Qualified  
**05/20/1987**

4. FEI Number **59-2806505** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **-\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **40 SAL NEZVADOVITZ**

2a. Mailing Address  
 26 **40 SAL NEZVADOVITZ**

Suite, Apt. #, etc.  
 22 **1792 Cleveland Rd**

Suite, Apt. #, etc.  
 27 **1792 Cleveland Rd.**

City & State  
 23 **Miami Beach FL**

City & State  
 28 **Miami Beach, FL.**

Zip Country  
 24 **33141** 25

Zip Country  
 29 **33141** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIL, MURRAY B., JR.**  
 1666 79TH ST CSWY  
 SUITE 608  
 MIAMI BEACH FL 33141

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>NEZVADOVITZ, SALOMON</b>
STREET ADDRESS	<b>1792 CLEVELAND RD</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEIL, MURRAY B., JR.</b>
STREET ADDRESS	<b>1666 79TH ST CSWY #608</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MOTOLA, RAFAEL</b>
STREET ADDRESS	<b>1365 S BISCAYNE PL RD</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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, with all other like empowered.

SIGNATURE: *Salomon Nezvadovitz* **SALOMON NEZVADOVITZ** 2/10/99 305-8643818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)