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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K77541 (6)**

1. Corporation Name

**AMERAB, INC.**

Principal Place of Business

Mailing Address

% WEFKY MANSOUR  
6303 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809

% WEFKY MANSOUR  
6303 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809



2. Principal Place of Business

2a. Mailing Address

21. **SAME**

26. **SAME**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANSOUR, MR. WEFKY  
6303 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809**

81. Name **SAME**

82. Street Address (P.O. Box Number is Not Acceptable)

83. **SAME**

84. City **SAME**

**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

**SAME**

12. OFFICERS AND DIRECTORS

TITLE **CPM** ☐ DELETE  
NAME **ELSALLAL, ABDUL JALIL S.**  
STREET ADDRESS **6303 S ORANGE BLOSSOM TR**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE **VTD** ☐ DELETE  
NAME **MUSSALATI, MAISA W.**  
STREET ADDRESS **6303 S ORANGE BLOSSOM TR**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE  
NAME **ELSALLAL, MOHD WAJIEH A**  
STREET ADDRESS **6303 S O B TR**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE  
NAME **EL SALLAL MOHD. SALEH A.J.**  
STREET ADDRESS **6303 S. ORANGE BLOSSOM TR.**  
CITY-STATE-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **SAME**  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **SAME**  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **SAME**  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **SAME**  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily 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 if changed, or on an attachment with an address.

SIGNATURE: *A. J. El Sallal*

**EL SALLAL, ABDUL JALIL S. APRIL, 10-1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLERK

DATE OF FILING

CR2E034 (12/95)