

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 % WEFKY MANSOUR 6303 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809	Mailing Address % WEFKY MANSOUR 6303 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME OF # 10 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 SAME OF # 10 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/27/1989 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	--	--	--	--

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	WEFKY MANSOUR
82 Street Address (P.O. Box Number is Not Acceptable)	8976 Isles worth ct
83	ORLANDO FL
84 City	FL
85 Zip Code	32819

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	CPM	1.1 TITLE	CPM
NAME	ELSALLAL, ABDUL JALIL S.	1.2 NAME	ELSALLAL ABDUL JALIL S.
STREET ADDRESS	6303 S ORANGE BLOSSOM TR	1.3 STREET ADDRESS	8976 Isles worth ct.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	VTD	2.1 TITLE	VTD
NAME	MUSSALATI, MAISA W.	2.2 NAME	MUSSALATI MAISA W.
STREET ADDRESS	6303 S ORANGE BLOSSOM TR	2.3 STREET ADDRESS	8976 Isles worth ct.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	VD	3.1 TITLE	VD
NAME	ELSALLAL, MOHD WAJIEH A	3.2 NAME	EL SALLAL MOHD WAJIEH A.J.
STREET ADDRESS	6303 S O B TR	3.3 STREET ADDRESS	8976 Isles worth ct.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	VD	4.1 TITLE	VD
NAME	EL SALLAL MOHD. SALEH A.J.	4.2 NAME	EL SALLAL MOHD SALEH A.J.
STREET ADDRESS	6303 S. ORANGE BLOSSOM TR.	4.3 STREET ADDRESS	8976 Isles worth ct.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32819
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: A.J. El Sallal ELSALLAL ABDUL JALIL S. MARCH 28-1998

CR2E034 (10/97)