

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90018 028 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # K 77541 ( 6 )  
 1. Corporation Name  
 AMERAB , INC.

Principal Place of Business Mailing Address  
 % WEFKY MANSOUR 8976 ISLES WORTH CT.  
 8976 ISLES WORTH CT. ORLANDO FL. 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 SAME OF # 10 26 SAME OF # 10  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
 03/27/1989  
 4. FEI Number Applied For  
 NOT APPLICABLE  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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 MANSOUR, MR. WEFKY  
 8976 ISLES WORTH CT.  
 ORLANDO FL. 32819

10. Name and Address of New Registered Agent  
 81 Name WEFKY MANSOUR  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 8976 ISLES WORTH CT.  
 83 ORLANDO FL. 32819  
 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

TITLE	CPM	<input type="checkbox"/> DELETE
NAME	ELSALLAL, ABDUL JALIL S.	
STREET ADDRESS	8976 ISLES WORTH CT.	
CITY-ST-ZIP	ORLANDO FL.	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MUSSALATI, MAISA W.	
STREET ADDRESS	8976 ISLES WORTH CT.	
CITY-ST-ZIP	ORLANDO FL.	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	ELSALLAL MOHD WAJIEH AJ.	
STREET ADDRESS	8976 ISLES WORTH CT.	
CITY-ST-ZIP	ORLANDO FL.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELSALLAL MOHD SALEH AJ.	
STREET ADDRESS	8976 ISLES WORTH CT.	
CITY-ST-ZIP	ORLANDO FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(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, with all other like empowered.

SIGNATURE: A. J. Elsalal ELSALLAL ABDUL JALIL S. APRIL 5-1999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)