FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K93205** (8)

1. Corporation Name

HAZEM, INC.

Principal Place of Business
1397 N.W. 36TH STREET
MIAMI FL 33142

Mailing Address
1397 N.W. 36TH STREET
MIAMI FL 33142

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

3. Date Incorporated or Qualified: 06/06/1989
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0133731 ☐ 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**

MOHAMMED, HAZEM
1397 N.W. 36TH STREET
MIAMI FL 33142

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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	AHMAD, NAIM SALIM	
STREET ADDRESS	21100NE 3 AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VD	☐ DELETE
NAME	ABDELGHANI, MOHAMMAD	
STREET ADDRESS	21100 NE 3 AVE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	STD	☐ DELETE
NAME	AHMAD, OMRAN SALIM	
STREET ADDRESS	21100 NE 3 AVE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	☒ Change ☐ Addition
2.2 NAME	ABDELGHANI, MOHAMMAD	
2.3 STREET ADDRESS	21100 N.E. 3rd Ave	
2.4 CITY-ST-ZIP	N. Miami FL	
3.1 TITLE	V/S/T/D	☒ Change ☐ Addition
3.2 NAME	AHMAD, OMRAN SALIM	
3.3 STREET ADDRESS	21100 N.E. 3rd Ave	
3.4 CITY-ST-ZIP	N. Miami FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: M. Ghani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 26. 96. 634.4771
Date Daytime Phone #

CR2E034 (12/95)