


FILE NAME: FILING - 06/10/97 - 000002210396

FILED  
Jun 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <b>K93205 (8)</b> 1. Corporation Name <b>HAZEM, INC.</b>
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Principal Place of Business <b>1397 N.W. 36th Street MIAMI, FL 33142</b>	Mailing Address <b>1397 N.W. 36th Street MIAMI, FL 33142</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/06/1989</b>	3a. Date of Last Report <b>01/26/96</b>
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number <b>65-0133731</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOHAMMED, HAZEM 1397 N.W. 36th Street MIAMI, FL 33142</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>P/D</b> <input type="checkbox"/> DELETE NAME <b>ABDELGHANI, MOHAMMED</b> STREET ADDRESS <b>21100 N.E. 3RD AVE.</b> CITY-ST-ZIP <b>North Miami, FL 3</b>	11 TITLE <b>P/S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>ABDELGHANI, MOHAMMED</b> 13 STREET ADDRESS <b>21100 N.E. 3RD Avenue</b> 14 CITY-ST-ZIP <b>North Miami, FL</b>
TITLE <b>V/S/T/D</b> <input checked="" type="checkbox"/> DELETE NAME <b>AHMAD, OMAR SALEM</b> STREET ADDRESS <b>21100 N.E. 3RD AVE.</b> CITY-ST-ZIP <b>North Miami, FL</b>	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do 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: **Mohammad Ghani**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)