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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11466

(4)

As NW 119 ST. MIAMI FL 33168  3. Date Incorporated or Qualified 08/25/1989  2. Frincipia: Place of Business  2a. Mailing Address  2a. Mailing Address  4. FEI Number  65-014 1993  Not Applied  Not Applied  Suite, Apt. #, etc.  22  City & State  City & State  City & State  Country  28  Country  29  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Added to Ference of Business  Mailing Address  4. FEI Number  65-014 1993  Not Applied  Fee Require  6. Election Campaign Financing  Trust Fund Contribution  Added to Ference of Business  Al-MUHTEASEB, MOHAMED SAMIR  Al-MUHTEASEB, MOHAMED SAMIR	MUHTASEB NORTH AN	MERICA, INC.			
MIAMI FL 33168  MIAMI FL 331894432  3. Date Incorporated or Qualified 05/01/1996  2. Principa. Place of Business  2a. Mailing Address  25. Suite, Apt. #, etc.  26. Suite, Apt. #, etc.  27. City & State  Country  Zip  Country  B. This corporation has liability for intargible tax under s. 199. Florida Statutes  Yes No  9. Name and Address of Current Registered Agent  AL-MUHTEASEB, MOHAMED SAMIR  3a. Date incorporated or Qualified 05/01/1996  3a. Date Incorporated or Qualified 05/01/1996  Country  S. Fil Number  6. Election Campaign Financing 185.00 May 10 marginate for intargible tax under s. 199. Florida Statutes  Yes No  10. Name and Address of New Registered Agent  AL-MUHTEASEB, MOHAMED SAMIR	Principal Place of Business Mailing Address			T THE STATE IN GOT THE BUT HEALT BETTER BUT WHEN BUT IN	OLOTT BIOTH OLOTS DIRIL OLDT 1001
28. Mailing Address 29. Mailing Address 20. Suite, Apt #, etc 21. Suite, Apt #, etc 22. City & State 23. City & State 24. Country 25. Country 26. Country 27. Country 28. Trust Fund Contribution 29. Trust Fund Contribution 20. Country 21. Country 22. Country 23. Country 24. 25. 29. 30. Foordaction has liability for interglible tax under s. 199. Florida Statutes 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of New Registered Agent 29. Name Address of New Registered Agent					
21 26 65-014 1993 Not Apr Suite, Apt #, etc 22 5. Certificate of Status Desired Fee Requires City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fee Zip Country 7					
22   27   5. Certificate of Status Desired   Fee Required	a '				Applied For Not Applicable
City & State  City & State  28  City & State  28  City & State  28  Country  Country  Country  Country  29  Country  29  Country  29  Country  B. This corporation has liability for intangible tax under s. 199. Florida Statutes  Florida Statutes  Yes No  No  9. Name and Address of Current Registered Agent  AL-MUHTEASEB, MOHAMED SAMIR  Registered Agent  Name				5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 25 29 30 Fibrida Statutes Yes No 9. Name and Address of Current Registered Agent  AL-MUHTEASEB, MOHAMED SAMIR  81 Name	City & State	<u>-</u>			\$5.00 May Be Added to Fees
AL-MUHTEASEB, MOHAMED SAMIR 81 Name	hanny '	·	intry		
AL-MUNIEAGED, MUNIAMICU SAMIN	9. Name and Ad	dress of Current Registered Agent	10. Name and Address of New Registe	ared Agent	
	AL-MUHTEASEB, MOHAMED SAMIR 45 NW 119 ST. MIAMI FL 33188			ddress (P.O. Box Number is Not Acceptable)	
83 83	MIAMI FL 33100		83	All the second of the second o	
84 City FL 85 Zip Code			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 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 registagent. Lam farmer with, and accept the obligations of, Section 607.0505, Florida Statutes.	office or registered agent, or b	both, in the State of Florida, Such change was authorized	d by the corp	corporation submits this statement for the purpor oration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE 5 greature, typed or product matric of projected agent and tich if applicable (NOTE: Registered Agent signature required when reinstaling).  DATE	SIGNATURE	Lightly of projectived speed and tree if any legisla (NI/NT: Designation	d Agent signal	anulad when reinstaliant	ATE
12. OF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		OFFICERS AND DIRECTORS 13.	e silvent alfauritha )		

CICALATING	<b>3</b> ,				
SIGNATURI	5 greature, typed or printed name of registered agont and fit if applicable. If	IO1E: Registered Agent signature	required when reinstaling) DATE		
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
IIILE	P DELETE	1.1 TOTLE	Change Addition		
NAME	al-muhtaseb, mohamed samir	12 NAME			
STREET ADDRESS	45 NW 119	1.3 STREET ADDRESS			
City+\$1_2IP	MIAMI FL 33168	1.4 CITY-ST-ZIP			
THE	☐ DELETE	2.1 TITLE	. Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		23 STREET ADDRESS	··		
CHY-S1-ZIF		2.4 CITY - S1 - ZIP			
THE	DELETE	3.1 TITLE	Change Addition		
NAM:		3.2 NAME			
SPREET ADDRESS		3 3 STREET ADDRESS			
City \$1-7#		3 4. CITY-ST-ZIP	<u>·</u>		
Bitt	DELETE	4.1 TITLE	Change Addition		
NAM(		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CHY-ST ZIP		4.4 CITY-ST-ZIP			
Talle	DELETE	5.1 TITLE	Change Addition		
NAME		5.7 NAME			
STREET ACTORESS		5.3 STREET ADDRESS	i .		
CITY-51 ZIP		5.4 CITY - \$1 - ZIP			
THE	DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY S1-7iP		6.4 CITY+S1-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 are no 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PC 3 1 dent

Alel91 305-757-2623

**FILED** 

Apr 08 1997 8:00am

Secretary of State