
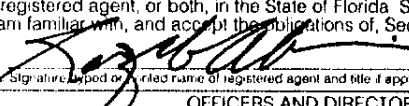
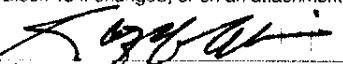


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L40615 (1) 1. Corporation Name ALBAARI & ASSOCIATES, P.A.			
Principal Place of Business 4100 NE 2ND AVE SUITE 307 MIAMI FL 33137 US		Mailing Address 4100 NE 2ND AVE SUITE 309 MIAMI FL 33137-3525 US	
2. Principal Place of Business 21 4100 ne 2ND AVE. Suite, Apt. #, etc. 22 SUITE #307 City & State 23 MIAMI, FL Zip 24 33137		2a. Mailing Address 26 4100 NE 2ND AVE. Suite, Apt. #, etc. 27 SUITE #309 City & State 28 MIAMI, FL Zip 29 33137 Country 30 USA	
3. Date Incorporated or Qualified 01/03/1990 3a. Date of Last Report 02/08/1996 4. FEI Number 65-0166511 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 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 ALBAARI, RAQUEEB A 4100 NE 2ND AVE. #309 MIAMI FL 33137		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 4/22/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PST <input type="checkbox"/> DELETE NAME ALBAARI, RAQUEEB A. STREET ADDRESS 4100 NE 2ND AVE #309 CITY - ST - ZIP MIAMI FL TITLE D <input type="checkbox"/> DELETE NAME ALBAARI, RAQUEEB A. STREET ADDRESS 4100 NE 2ND AVE #309 CITY - ST - ZIP MIAMI FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 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 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:  Raqueeb A. Albaari DATE 4/22/97 (305) 576-6351 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)