SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L67584** **(7)**

1. Corporation Name
HATEM, BISHOUTY & MAZZAWI, INC.

Principal Place of Business	Mailing Address
51 S HOMESTEAD BLVD HOMESTEAD FL 33030-7421	51 S HOMESTEAD BLVD HOMESTEAD FL 33030-7421

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/24/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0188910** ☐ 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

FELDMAN, DAVID, ESQ.
407 LINCOLN RD
MIAMI FL 33139

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HATEM, FOUAD	12 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	MAZZAWI, TOUFIC	22 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HATEM, ISSA	32 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	MAZZAWI, MONEM	42 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BISHOUTY, GHASSAN	52 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	HATEM, LEWIS	62 NAME	
STREET ADDRESS	51 S HOMESTEAD BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: _____ 8/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031212 CP