NOT-FOR-PROFIT CORPORATION

FILED May 29, 2002 8:00 am Secretary of State

	ESS NEPUN	I (UDN	<u> </u>	•		occess of the state of the	
DOCUMENT # NO1000008683				. •	04-29-2002	90082 042 ****61.2	3
- Lindy Name	_	,					
River Daks Day	Hana Cons	miniter	nle	·X			
- Hive Cuts sur	100000000000000000000000000000000000000	CHICION	770				
DO NOT WRIT	F IN THIS S	PACE	1	•		-	
		AUL,			- 1 00	Oile o Lor	
2. Principal Place of Business	3, Mailing Address	-			一井リグー	0.423687	,
711 North Halifax Avenue Suite, Apt. #, etc.		711 No. Halifax Avenue Suite Apt. #, etc.			DO NOT WEITEIN	· 	
#104	#104				DO NOT WHIEN	THIS SPACE	
City & State	City & State			. FEI Number		Applied For	
Daytona Beach, F1. Daytona Reac Zip Country Zip		Ch. F1. Country				Not Applica \$8.75 Additional	ble
32118	32118	USA		i. Certificate of S		Fee Required	
ي د جا مصنوعت د د		Name	7. 1	Name and Addre	ess of Current Regis	stered Agent	-
DO NOT W	/RITE	Stree	Hassan LAddress (PO)	Saboung L Box Number is t	Not-Accentable)		
IN THIS SPACE			No. U.	S. Hwy I	- AVTIONS INTROIST		
IN THIS OF AGE			nond Bead	ch, Fl.	32174		
		City				FL Zip Code	
8. The above named entity submits this statement	or the purpose of changing it	ts registered office	or registered a	agent, or both, in	the state of Florida.		
	•				P 1		
SIGNATURE Signature, typed or printed name of registered agen	1 and title if applicable. (NO	TE: Registered Agent sign	nature required when	reinstating)	- D	ATE	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·		
FEE IS \$61.25 Initial or Amended UBR		impaign Financing Contribution.		.00 May Be		heck Payable to ment of State	
A					pepar	inent of State	
10. OFFICERS AND DI	RECTORS	TITLE		<u> </u>			\exists ε
NAME (D) President Saboungs			}		•	<u>, </u>	12/0
CIV-SI-ZIP 290 No. U. S. Hwy 1 Ormond Beach. F1. 32174			i				78 (
THE Secretary Treasurer			 	· · · · · ·			CR2E037B (12/01)
Mahmoud Saboungi							8
STREET ADMINSS 290 No. U. S. Hwy 1 CITY-SI-ZIP Ormond Beach, F1. 32174					٠.		1
MILE.			· · · · · · · · · · · · · · · · · · ·	·			\dashv
NAME (D) Mohamed Mounir Samo Khabazeh STREET AUDITESS 290 No. U.S. Hwy 1						- <u></u>	-
CITY-ST-ZIP Ormand Geach FL 32174				DO-	NOT-WF	(ITE	
TITLE	TITLE		IN THIS SPACE			7	
NAME Street adoress		NAME Street adoress		117 1	rijo ora	ACE.	
C(TY-ST-ZIP .		CITY-ST-ZIP			·		-
TIFLE .		TITLE					7
STREET ADDRESS		name Street address					
CITY-ST-ZIP		CITY-ST-ZIP					
TTLE VAME		TITLE NAME]
STREET ADDRESS		STREET ADDRESS	}				
TTY-ST-ZIP		CITY-ST-ZIP	<u> </u>		<u>. </u>		}
 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empre. 	this filing does not quality for true and accurate and that m	the exemption stary signature shall h	ted in Section : nave the same i	119.07(3)(i), Flori legal effect as if r	da Statutes, I further o	certify that the information	1
of the corporation or the receiver or trustee empt attachment with an address, with all other like em	owered to execute this report	l as required by Ci	hapter 617, Flo	xida Statutes; an	d that my name appr	ears in Block 10 or on an	1
SIGNATURE:	Ja l rous	Presi	dent	4/12/2	2 281.	-252 2242	
SIGNATURE AND TYPED OR PR	INTED HAME OF SIGNING OFFICER C	R DIRECTOR		De	10	- 253 - 3349 Daytime Phone •],
		,					_