FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01376 (3)

1. Corporation Name
AMINCO INTERNATIONAL, INC.

Principal Place of Business
600 BISCAYNE BOULEVARD
POST OFFICE BOX 113807
MIAMI FL 33111

Mailing Address
600 BISCAYNE BOULEVARD
POST OFFICE BOX 113807
MIAMI FL 33111

3. Date Incorporated or Qualified: 03/27/1984
3a. Date of Last Report: 03/01/1994

4. FEI Number: 38-2355749 — 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

2. Principal Place of Business		2a. Mailing Address	
21	330 BISCAYNE BLVD.	26	P.O. BOX 113807
22 (Suite, Apt. #, etc.)	SUITE 817	27 (Suite, Apt. #, etc.)	
23 (City & State)	MIAMI, FLORIDA	28 (City & State)	MIAMI, FLORIDA
24 (Zip)	33132	29 (Zip)	33111
25 (Country)	DADE	30 (Country)	DADE

9. Name and Address of Current Registered Agent

RAHMAN, NASIM A.
600 BISCAYNE BLVD
PO BOX 113807
MIAMI FL 33111

10. Name and Address of New Registered Agent

81 Name: NASIM A. RAHMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 330 BISCAYNE BLVD., SUITE 817
84 City: MIAMI 85 FL Zip Code: 33132

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] NASIM A. RAHMAN 4/11/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	1 1 TITLE	☐ Change ☐ Addition
NAME	MOSTAEDI, M. MEHDI	1 2 NAME	
STREET ADDRESS	11766 WILSHIRE BOULEVARD	1 3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1 4 CITY-ST-ZIP	
TITLE	DVS	2 1 TITLE	DVS ☐ Change ☐ Addition
NAME	RAHMAN, NASIM A.	2 2 NAME	NASIM A. RAHMAN
STREET ADDRESS	600 BISCAYNE BOULEVARD	2 3 STREET ADDRESS	330 BISCAYNE BLVD., SUITE 817
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	MIAMI, FLORIDA 33132
TITLE	CDP	3 1 TITLE	CDP ☐ Change ☐ Addition
NAME	DAHLAWI, M. AMIN	3 2 NAME	M. AMIN AL-DAHLAWI
STREET ADDRESS	600 BISCAYNE BOULEVARD	3 3 STREET ADDRESS	330 BISCAYNE BLVD., SUITE 817
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	MIAMI, FLORIDA 33132
TITLE	V	4 1 TITLE	V ☐ Change ☐ Addition
NAME	DAHLAWI, ABDULLA	4 2 NAME	ABDULLA AL-DAHLAWI
STREET ADDRESS	600 BISCAYNE BOULEVARD	4 3 STREET ADDRESS	330 BISCAYNE BLVD., SUITE 817
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	MIAMI, FLORIDA 33132
TITLE	VT	5 1 TITLE	VT ☐ Change ☐ Addition
NAME	AL-DAHLAWI, HASSAN	5 2 NAME	HASSAN AL-DAHLAWI
STREET ADDRESS	600 BISCAYNE BOULEVARD	5 3 STREET ADDRESS	330 BISCAYNE BLVD., SUITE 817
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	MIAMI, FLORIDA 33132
TITLE	AS	6 1 TITLE	☐ Change ☐ Addition
NAME	MOSTAEDI, M. MEHDI	6 2 NAME	
STREET ADDRESS	11766 WILSHIRE BOULEVARD	6 3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6 4 CITY-ST-ZIP	

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)(k), 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: [signature] NASIM A. RAHMAN 4/11/95 305-374-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #