

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01376 (3)

1. Corporation Name

AMINCO INTERNATIONAL, INC.

Principal Place of Business

600 BISCAYNE BLVD.
SUITE 817
MIAMI FL 33132
US

Mailing Address

PO BOX 113807
POST OFFICE BOX 113807
MIAMI FL 33111
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1984		3a. Date of Last Report 04/21/1995	
21	330 Biscayne Blvd.	26	330 Biscayne Blvd.	4. FEI Number 38-2355749		Applied For Not Applicable	
Suite, Apt #, etc #817		Suite, Apt #, etc #817		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State Miami, FL		City & State Miami, FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	33132	25		29	33132	30	
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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

Signature type for principal registered agent and the corporation

(If the Registered Agent separates requirements when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS	1.1 TITLE	DS
NAME	MOSTAEDI, M. MEHDI	1.2 NAME	
STREET ADDRESS	11766 WILSHIRE BOULEVARD	1.3 STREET ADDRESS	330 Biscayne Blvd., #817
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	Miami, Florida 33132
TITLE	DVS	2.1 TITLE	
NAME	RAHMAN, NASIM A.	2.2 NAME	
STREET ADDRESS	330 BISCAYNE BLVD, SUITE 817	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	CDP	3.1 TITLE	
NAME	AL-DALAWI, AMIN M	3.2 NAME	
STREET ADDRESS	330 BISCAYNE BLVD., SUITE 817	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	AL-DAHLAWI, ABDULLA	4.2 NAME	
STREET ADDRESS	330 BISCAYNE BLVD, SUITE 817	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	AL-DAHLAWI, HASSAN	5.2 NAME	
STREET ADDRESS	330 BISCAYNE BLVD, SUITE 817	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or ☒ an attachment with an address.

SIGNATURE:

M. Mehdi Mostaedi
M. Mehdi Mostaedi

6/25/96

(310) 317-8400

CR2E034 (3/96)