

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34626 (2)**  
 1. Corporation Name  
**MANUTECH ASSEMBLE, INC.**



Principal Place of Business 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166	Mailing Address 8181 NW 91ST TERRACE BLDG. 10 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1991**

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

4. FEI Number  
**98-0072810**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SEYFI SAMAD**  
**8181 N.W. 91 TERR., BLDG. 10**  
**MIAMI FL 33166**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOZOUÉE, FARHAD	1.2 NAME	
STREET ADDRESS	#2 RUE DES NIMES	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRINCE, HAITI	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBAN, NADIA Y.	2.2 NAME	
STREET ADDRESS	#16 IMP AUBRY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PETIONVILLE, HAITI	2.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBAN, NADIA Y.	3.2 NAME	
STREET ADDRESS	#16 IMP AUBRY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PETIONVILLE, HAITI	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYFI, SAMAD	4.2 NAME	
STREET ADDRESS	8181 NW 91ST TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	CDS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBAN, LANCE P.	5.2 NAME	
STREET ADDRESS	#16 IMP AUBRY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PETIONVILLE, HAITI	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON JEAN-EDOUARD	6.2 NAME	
STREET ADDRESS	#2 RUE DES NIMES	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRINCE, HAITI	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandra B. Mortham* **REQUIRED** 1/13/98 (305) 953 6534

CR2E034 (10/97)