

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002642 (6)

1. Corporation Name

S & A INVESTMENT CORP



Principal Place of Business

Mailing Address

599 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

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OAKLAND PARK FL 33311

3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0362505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CHOWDHURY, ATIQUZZAMAN
3820 N.E. 10TH AVE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name	JUDITH I. FALLON
82 Street Address (P.O. Box Number is Not Acceptable)	1801 S. Dixie Hwy. #219
83	
84 City	Pompano Beach
85 FL	Zip Code 33060

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

Judith I. Fallon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-27-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/VP/S/T/D
NAME	CHOWDHURY, ROBERT	1.2 NAME	ARSHAD VIQAR
STREET ADDRESS	9908 S PRAIRIE	1.3 STREET ADDRESS	11431 SW 5th Terrace
CITY-ST-ZIP	FALCON CT 80122	1.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	V	2.1 TITLE	
NAME	CHOWDHURY, ATIQUZZAMAN	2.2 NAME	
STREET ADDRESS	3601 N.W. 110 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CHOWDHURY, AKRAM	3.2 NAME	
STREET ADDRESS	3601 N.W. 110 LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Arshad Viqar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)