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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DOCUMENT # P 92 0000 /5500

1. Corporation Name

MUSLIM ENTERPRISES, INC.

Principal Place of Business
7600 SOUTHLAND BLVD.
SUITE 101

ORLA	INDO, FL	1 3280	9		3. Date Incorporated or Qualified 12.30. 1992		of Last Report	
Principal Place of Business 2a. Mailing Addres			SS .		4. FEI Number		Applied For	
21 26					59-3143898	59-3163878		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ♣️ 10.		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
SAMIR 1	A. SHUBAIL	Y	1	Mar Nar	me			
7600 SOUTHLAND BLUD.				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE	101	- 109	Ţ.	3				
ł	do, FL 3			4 City		FL	85 Zip Code	
familiar with, and	provisions of Sections 607.05(ent, or both, in the State of Flo d accept the obligations of Sec entropy of pixthod have of required up	ction 607.0505, Florida S	Statutes.	rporatio	d corporation submits this statement for the points board of directors. Thereby accept the applicable of the points because when resulting	urpose of cha pointment as	registered agent. I anı	

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D CR2E034 (12/ TITLE □ DELETE 1 THILE ☐ Change ☐ Addition SHUBAILY NAME SAMIR 1.2 NAME MEDO SOUTHLAND BLUD. # 101 STREET ADDRESS 1.3 STREET ADDRESS OR LANDO, FL CITY-ST-ZIP 1.4 CUTY - ST - ZIP TITLE DELETE 2 1 TITLE Change [Addition M. SALFEM KHANANI NAME 17600 SOUTHLAND BLUD. # 101 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 32809 OZLANDO, FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE ☐ Change 3 1 TITLE Add tion MUJEES PADZI NAME 7600 SOUTHLAND BLUD = 101 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 32809 ORLANDO, FL CITY - ST-ZIP 3 4 CITY - \$1 - ZIP DELETE TITLE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP TITLE DELETE 000018078**F19*** 5 1 1ITLE Addition NAME -05/06/96--01008--021 5.2 NAME STREET ADDRESS ***200.00 5.3 STREET ADORESS CITY-ST-ZIP 5 4 CITY - ST - 2IP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS

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 supplienental 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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - 7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SAMIR A. SHUBAILY

y L

(40) 436-2333