

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000000309 (3)

1. Corporation Name

AL-HAMDU LIL-LAHI CORP.

Principal Place of Business

927 OLD FEDERAL HIGHWAY
HALLANDALE FL 33009

Mailing Address

927 OLD FEDERAL HIGHWAY
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1992

4. FEI Number

65-0392735

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

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

10. Name and Address of New Registered Agent

MUKATI, MOHAMMAD S
927 OLD FEDERAL HIGHWAY
HALLANDALE FL 33009

(954) 441-9476

SHARIF MUKATI
310 NW 195TH AVE
PEMBROKE PINES FL 33029

81 Name

SHARIF MUKATI

82 Street Address (P.O. Box Not Applicable)

310 NW 195TH AVE
PEMBROKE PINES, FL 33029
(954) 441-9476

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, typed, and dated of registered agent and not applicable

SHARIF MUKATI (PRESIDENT)

DATE

4/10/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME MUKATI, M. SHARIF
STREET ADDRESS 20038 NE 2ND PL
CITY-ST-ZIP N MIAMI FL 33170

☐ DELETE

Moved →

1.1 TITLE P.T.
1.2 NAME SHARIF MUKATI
1.3 STREET ADDRESS 310 NW 195TH AVE
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33029-3267
(954) 441-9476

☐ Change ☐ Addition

TITLE SV
NAME MUKATI, RASHIDA S
STREET ADDRESS 20038 NE 2ND PL
CITY-ST-ZIP N MIAMI FL 33179

☐ DELETE

2.1 TITLE SV
2.2 NAME MUKATI, RASHIDA
2.3 STREET ADDRESS 310 N.W. 195 AVE
2.4 CITY-ST-ZIP Pembroke Pines FL 33029

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

4/1/98 (954) 454-1433

CR2E034 (10/97)