

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 # P93000031270 (0)

1. Corporation Name

WHIZ OF MIAMI, INC.



Principal Place of Business

Mailing Address

6600 N.W. 22ND AVE.
MIAMI FL 33147

6600 N.W. 22ND AVE.
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASHOUR, YUSRI
6600 N.W. 22ND AVE.
MIAMI FL 33147

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, typed or printed name of registered agent and must apply to:

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

12.1	DPVS	<input type="checkbox"/> DELETE
NAME	ASHOUR, YUSRI	
STREET ADDRESS	6600 N.W. 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33147	
12.2	T	<input type="checkbox"/> DELETE
NAME	ASHOUR, YUSRI	
STREET ADDRESS	6600 N.W. 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33147	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 305-836-0612

CR2E034 (12/95)