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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000038845 (2)**

1. Corporation Name

KHAYBER ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**6044 WASHINGTON ST
HOLLYWOOD FL 33023
4701 N.W. 17 AVE
MIAMI FL 33142**

**6044 WASHINGTON ST
HOLLYWOOD FL 33023
4701 N.W. 17 AVE
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

4701 N.W. 17 AVE

4701 N.W. 17 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33142

33142

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASSAN, TANVEER ALAM
14569 SW 126 PLACE
MIAMI FL 33186**

81 Name

MOHAMMAD IQBAL

82 Street Address (P.O. Box Number is Not Acceptable)

14480 S.W. 151 Terrace

83 City

MIAMI

FL

85 Zip Code

33186

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

M. S. Mortham

PRESIDENT

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	BAIG, AKHLAQ A	
STREET ADDRESS	214 LAKE POINT DR #208	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	IQBAL, MOHAMMAD	
STREET ADDRESS	7855 N.W. 12 ST 206	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IQBAL, Mohammad	
1.3 STREET ADDRESS	14480 S.W. 151 Terrace	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RABAH EL. HADDAD	
2.3 STREET ADDRESS	4701 N.W. 17 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33142	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

M. S. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 305-635-8150
Daytime Phone #

CR2E034 (12/95)