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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

954.742.2264

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000039335 (3)

MATOUK INTERNATIONAL U.S.A., INC.

3801 N UNIVERSITY 3801 N UNIVERSITY SUITE 320 SUITE 320 DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 SUNRISE FL 33351 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0416172 21 Not Applicable Sulte, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BOULOS, RIAD 3801 N UNIVERITY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 320 83 SUNRISE FL 33351 Zip Code 11. Pursuant to the provisions of Sections 607 (1502 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 proted name of registered agent and title it applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE らそこ MATOUK, NICOLE NAME 1.2 NAME とっしいる日 RIAD 3801 N UNIVERSITY DRIVE #320 STREET ADORESS 1.3 STREET ADDRESS 3ROINUUN DR SUNRISE FL Change CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition MATOUK, DAVID NAME 2.2 NAME 3801 N UNIVERSITY DR #320 STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE MATOUK, DENISE 3.2 NAME 3801 N UNIVERSITY DR #320 STREET ADDRESS 3.3 STREET ADDRESS **SUNRISE FL** 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition CHANG, DAVE NAME 4. 2 NAME 3801 N UNIVERSITY DR #320 STREET ADDRESS 4.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MOTOUK, JEREMY NAME 5.2 NAME 3801 NORTH UNIVERSITY DRIVE #320 STREET ADDRESS 5.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY-ST-ZIP

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