

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000040314 (5)

1. Corporation Name

NEW ATTABA CORPORATION

Principal Place of Business

727 NW 111 STR  
MIAMI FL 33168  
US

Mailing Address

727 NW 111 STR  
MIAMI FL 33168-2142  
US

2. Principal Place of Business

21 727 NW 111 STR.

2a. Mailing Address

26 727 NW 111 STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

MIAMI FLA.

MIAMI FLA.

Zip

24 33168

Country

25 U.S.A

Zip

29 33168

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AHMAD, MALIK U  
590 NW 90TH STREET  
MIAMI FL 33150

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 title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZIZ, NAUSHABA		1.2 NAME
STREET ADDRESS	511 FOREST DR.		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZIZ, NAGAMA		2.2 NAME
STREET ADDRESS	511 FOREST DR.		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMAD, MALIK U		3.2 NAME
STREET ADDRESS	590 NW 90 STR		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do 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 a attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15. *Malik Ahmad* 1/22/97

FILED  
Jan 28 1997 8:00am  
Secretary of State



CR2E034 (9/96)