

**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 # P93000043303 (5)**

1. Corporation Name

**COMMODITY EXPORTS OF SOUTH FLORIDA, INC.**



Principal Place of Business

Mailing Address

11801 N.W. 100TH RD.  
MEDLEY FL 33178

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MEDLEY FL 33178

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	11801 N.W. 100 Rd.	26	11801 N.W. 100 <sup>th</sup> Rd.	06/18/1993	10/25/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 STE # 8		27 SUITE # 8		65-0420014	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MEDLEY, FL.		28 MEDLEY, FL.		<input type="checkbox"/>	
24	Zip 33178	25	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29	Zip 33178	30	Country	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
MEE, GLENN R ESQ. 517 S.W. 1ST AVE. FT. LAUDERDALE FL 33301				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 Dk if applicable

(NOTE: Registered Agent signature expires when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MOHAMMED, HANIFF <input type="checkbox"/> DELETE	1. TITLE	V. MICHELLE EYAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2627 OAK PARK CIRCLE	12. NAME	2627 OAK PARK CIRCLE
STREET ADDRESS	DAVIE FL 33328	13. STREET ADDRESS	DAVIE, FL. 33328
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	D MALONEY, SELWYN <input type="checkbox"/> DELETE	2. TITLE	
NAME	%129 SUB BASE	22. NAME	
STREET ADDRESS	ST. THOMAS, VIRGIN ISLANDS	23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: *Hani FF Mohammed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Hani FF Mohammed Director

2-5-96

888 1200  
Display Phone #

CR2E034 (12/95)