## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandrá B. Morthám

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT #<br>1. Corporation Name | P93000063737 | (9) |
|-----------------------------------|--------------|-----|
| AA C E INN/ECTRAENIT              | CODDODATION  |     |

## M.S.F. INVESTMENT CURPURATION

| Principal Place of Business | Mailing Address              |  |
|-----------------------------|------------------------------|--|
| 640 NW 19TH ST #106         | 3101 BAY SHORE DR            |  |
| FT LAUDERDALE FL 33311      | FT LAUDERDALE FL 33304<br>US |  |

3a. Date of Last Report 02/03/1995

Date Incorporated or Qualified

09/14/1993

| 2.                  | Principal Place of Busin                  | ness                 | 2a                 | . Mailing Address |    |       |  | 4.                            | FECING HOE   | L       | Applied For                 |  |  |
|---------------------|---|----------------------|--------------------|-------------------|----|-------|--|-------------------------------|--|---------|-----------------------------|--|--|
| 21                  |   |                      | 26                 |                   |    |       |  |                               | 65-0438875   | $\perp$ | Not Applicable              |  |  |
| Suite, Apt. #, etc. |   | 27                   | Suite, Apt #, etc. |                   |    |       | 5.   | Certificate of Status Desired | \$8.75 Additional<br>Fee Required  |         |                             |  |  |
| 23                  | Oty & State                               |                      | 28                 | City & State      |    |       |  | 6.                            | Election Campaign Financing Trust Fund Contribution  |         | 5.00 May Be<br>dded to Fees |  |  |
| 24                  | Zıp                                       | Country 25           | 29                 | Z.ρ               | 30 | intry |  | _                             | This corporation has liability for intangible ta<br>Florida Statutes Yes \(\Boxed{\text{Yes}}\) No | unde    | ers 199.032,                |  |  |
|                     | 9, Name                                   | e and Address of Cur | rent Regis         | stered Agent      |    | Τ     |  | 10.                           | Name and Address of New Registered A   | gent    |                             |  |  |
|                     |   |                      |                    |                   |    | 81    | Name   |                               |  |         |                             |  |  |
|                     | ULLAH, MOHAMMED H<br>640 NW 19TH ST  #106 |                      |                    |                   |    | 82    | Street Address (P.O. Box Number is Not Acceptable) |                               |  |         |                             |  |  |
|                     | FT LAUDERDALE FL 33311                    |                      |                    |                   | 83 |       |  |                               |  |         |                             |  |  |
|                     |   |                      |                    |                   |    | 84    | City   |                               |  | 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SiGNATURE Signation by soft or period insert of resistance agent and the diagraphs are the diagraphs of the production of the diagraphs are the diagraphs of th |                     |         |                     |  |  |  |  |
|--|---------------------|---------|---------------------|--|--|--|--|
| 12.  | OFFICERS AND DIREC  |         | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |  |  |  |
| TITLE  | P                   | DELETE  | 1 1 TITLE           | Change Addition  |  |  |  |
| NAME.  | MOHAMMED H. ULLAH   |         | 1.2 NAME            |  |  |  |  |
| STREET AUDRESS   | 3101 BAYSHORE DRIVE |         | 1.3 STREET ADDRESS  |  |  |  |  |
| CITY - ST - ZIF  | FORT LAUDERDALE FL  |         | NAICHTY ST-ZIF      |  |  |  |  |
| THE  |                     | DECETE  | 2 1 1111.5          | ☐ Change ☐ Addition  |  |  |  |
| NAME   |                     |         | 2.2 NAME            |  |  |  |  |
| STREET ADDRESS   |                     |         | 2.3 STREET ADDRESS  |  |  |  |  |
| CITY - S* - ZiP  |                     |         | 24 CitY+S1+7 P      |  |  |  |  |
| TrTLE  |                     | DELETE  | 3 o Tiref           | Change Addition  |  |  |  |
| , NAME   |                     |         | 3.2 NAME            |  |  |  |  |
| STREET ADDRESS   |                     |         | 3.3 STHEET ADDRESS  |  |  |  |  |
| CITY - ST - ZIP  |                     |         | 3.4 CITY - ST - ZIP |  |  |  |  |
| TrTLE  |                     | DELETE  | 4 THILE             | Change Addition  |  |  |  |
| NAME   |                     |         | 4.2 NAME            |  |  |  |  |
| STHEFT ADDRESS   |                     |         | 4.3 STREET ADDRESS  |  |  |  |  |
| C+TY - ST - ZiP  |                     |         | 4 4 C/TY - ST - Z/P |  |  |  |  |
| TITLE  |                     | DELETÉ  | 5 1 T TLF           | Change Addition  |  |  |  |
| NAME   |                     |         | 5.2 NAME            |  |  |  |  |
| STREET ADDRESS   |                     |         | 5.3 STREET AODRESS  |  |  |  |  |
| CITY - ST - ZIP  |                     |         | 5.4 CHY ST-ZIP      |  |  |  |  |
| TITLE  | ,                   | DELETE. | 6 1 TITLE           | Change Addition  |  |  |  |
| NAME   |                     |         | 6.2 NAME            |  |  |  |  |
| STREET ADDRESS   |                     |         | 6 3 STREET ADDRESS  |  |  |  |  |
| CITY - ST - ZIP  |                     |         | 6 4 CITY - ST - ZIP | or the exemption stated in Section 119 07(3)(k). Florida Statutes, Hurther |  |  |  |

I do hereby certifythat the information supplied with this filling is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes infurnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes in 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 on 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 charge if Qualify an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19 1996

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