

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083301 (0)**

1. Corporation Name

AMBER ZARINA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7034 N.W. 169TH STREET HALEAH FL 33015	7034 N.W. 169TH STREET HALEAH FL 33015

3. Date Incorporated or Qualified 12/07/1983	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0457587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

MOOSA, WAZIRALI S
7034 N.W. 169TH STREET
HALEAH FL 33015

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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: Wazirali Moosa **WAZIRALI MOOSA** 04/27/95

(Signature, typed or printed name of registered agent and State if applicable) (Typed Registered Agent signature required when resigning) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	MOOSA, WAZIRALI S
STREET ADDRESS	7034 NW 169TH STREET
CITY, ST, ZIP	MIAMI FL 33015
TITLE	VTD
NAME	MOOSA, ZARINA W
STREET ADDRESS	7034 NW 169TH STREET
CITY, ST, ZIP	MIAMI FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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: Wazirali Moosa **WAZIRALI MOOSA** 04/27/95 (305) 435-8097

(Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)