SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005695 (9)

1. Corporation Name
FARKANDA CORPORATION, INC.

Principal Place of Business	Mailing Address
3101 BAYSHORE DR. FT. LAUDERDALE FL 33304	3101 BAYSHORE DR. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: NEW CORP
4. FEI Number: APPLYING FOR — [x] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [x] No

9. Name and Address of Current Registered Agent
ULLAH, MOHAMMED H
3101 BAYSHORE DDR.
FT. LAUDERDALE FL 33304

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 title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ULLAH, MOHAMMED H
STREET ADDRESS	3101 BAYSHORE DR.
CITY ST ZIP	FT. LAUDERDALE FL 33304
TITLE	D
NAME	PARVEEN, MEHRAJ
STREET ADDRESS	3101 BAYSHORE DR.
CITY ST ZIP	FT. LAUDERDALE FL 33304
TITLE	D
NAME	HASEENN, FARKANDA
STREET ADDRESS	3101 BAYSHORE DR.
CITY ST ZIP	FT. LAUDERDALE FL 33304
TITLE	D
NAME	ZEENAT, SYEDA
STREET ADDRESS	3101 BAYSHORE DR.
CITY ST ZIP	FT. LAUDERDALE FL 33304
TITLE	D
NAME	SHARMEEN, SHEILA
STREET ADDRESS	3101 BAYSHORE DR.
CITY ST ZIP	FT. LAUDERDALE FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		[ ] Change [ ] Addition

CR2E034 (3/95)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: JULY 19TH 95 — Daytime Phone #: (305) 467 0568

0071404 CP