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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007464 (8)

PETRA FIRST, INC.

Principal Place of Business	Mailing Address	
5630 N.W. 12TH AVE. Miami FL 33142	5830 N.W. 12TH AVE. MIAMI FL 33127-1338	

FILED Jan 29 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address				I TARAFARA AKE IRAH BARTI BANIL BANIL BANIL			
5630 N.W. 12TH AVE. 5830 N.W. 12TH AVE. MIAMI FL 33142 MIAMI FL 33127-1338									
-						3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1994 02/01/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	02/01/		oplied For
21		26				65-0467031			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired	LJ '		equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	nlry		8. This corporation has liability for i	• -	under s	. 199.032,
24	25 9. Name and Address of Cur	29	30					10	
\A.M. (1		rent negistered Agent		81	Name	10. Name and Address of New Re	istered Age	nt	
WHITNEY, WILFRID M			ł	٠,					
201 W. FLAGLER STREET MIAMI FL 33130				82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
MIA	MI PL 33130		ŀ	83					
			Į						
}				84	City		FL 8	5 Zip (Code
Office of r	to the provisions of Sections 607.0 registered agent, or both, in the St Im familiar with, and accept the ob-	até of Florida, Such chance was	authorized	i bv	cthe comora	poration submits this statement for the p ition's board of directors. I hereby accep	wood of ob	anging it ment as	s registered registered
SIGNATURE									
40	Signature, typed or printed name of registered			Age	of signature requ	ired when reinstiting)	DATE		
TITLE	D OFFICERS /	AND DIRECTORS DETETE	13.			ADDITIONS/CHANGES TO OFFIC			
NAME	MAWAISEH, MOH'D	1/(11 IL	1:111					Change	☐ Addition
STREET ADDRESS	5830 N.W. 12TH AVE.		1 2 NA		1000000				
CITY-ST-ZIP	MIAMI FL 33142				ADDRESS				
TITLE	III WHITE WOTTE	DELLLE	1 4 OIT 2 1 TIT		715			Change	Addition
NAME			2 2 NA					onango	
STREET ADDRESS			. I		ADDRESS				
CITY-ST-ZIP			2. 4 Cl						
TITLE		☐ OFLETE	317					Change	Addition
NAME			3.2 NA	M-E					
STREET ADDRESS			3.3 ST	RECT.	ADDRESS				
CITY-ST-ZIP			3.4 CF	IY S	1 - ZIF				
TITLE		☐ DELETE	4.1 10	l E				Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			43 \$11	HET 1	ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	4 4 CI1	·	- 71 ²				
TITLE		☐ DELETE	5 1 TH					Change	Addition
NAME			5.2 NAI						
STREET ADDRESS					ADDRESS				
City-St-ZiP		Delive	5.4 C/T	*** ***	- ZiP				
TITLE		DELCTE	617171				Ц	Change	Addition
NAME OTDSST 4000000			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 CI1	<u>Y - ST</u>	Z(P				

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), I forida 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 eath; 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.

DH'D NAWAISEH