FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:00

DOCUMENT # **P94000016298 (9)**

1. Corporation Name
HABIB & SONS, INC.

Principal Place of Business	Mailing Address
9198 CORAL SQUARE MALL 9469 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	9198 CORAL SQUARE MALL 9469 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report:

21	2. Principal Place of Business: 9193 W. ATLANTIC BLVD	
22	Suite, Apt. #, etc.: -	
23	City & State: CORAL SPRINGS, FL	
24 / 25	Zip: 33071 / Country:	
26	2a. Mailing Address: 9193 W. ATLANTIC BLVD	
27	Suite, Apt. #, etc.: -	
28	City & State: CORAL SPRINGS, FL	
29 / 30	Zip: 33071 / Country:	

4. FEI Number: 65-0464043 ☐ 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 ☒ No

9. Name and Address of Current Registered Agent

MEHRANI, AMIN M
9198 CORAL SQUARE MALL
9469 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: ✓
82 Street Address (P.O. Box Number is Not Acceptable): 9193 W. ATLANTIC BLVD
83: -
84 City: CORAL SPRINGS, **FL** 85 Zip Code: 33071

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) (DATE) (Registered Agent signature required where applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	✓	☐ Change ☐ Addition
NAME	MEHRANI, AMIN M	12 NAME	✓	
STREET ADDRESS	9198 CORAL SQ. MALL, 9469 W. ATLANTIC BLVD	13 STREET ADDRESS	9193 W. ATLANTIC BLVD	
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	21 TITLE	✓	☐ Change ☐ Addition
NAME	MEHRANI, M R	22 NAME	✓	
STREET ADDRESS	9198 CORAL SQ. MALL, 9469 W. ATLANTIC BLVD	23 STREET ADDRESS	9193 W. ATLANTIC BLVD	
CITY ST ZIP	CORAL SPRINGS FL 33071	24 CITY ST ZIP	CORAL SPRINGS, FL 33071	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We 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)(i), 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: AMIN M. MEHRANI 3/24/95 (305)345-9658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0115018 CP