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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000034839 (8)**

1. Corporation Name
THE CRESCENT, INC.

Principal Place of Business	Mailing Address
6768 CROOKED PALM TERRACE MIAMI LAKES FL 33014	6768 CROOKED PALM TERRACE MIAMI LAKES FL 33014-2918

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 08/27/1996

2. Principal Place of Business	2a. Mailing Address
21	26 P.O.BOX 5202
22 Suite, Apt. #, etc. 6741 CROOKED PALM LN.	27 Suite, Apt. #, etc. PALMETTO LAKES
23 City & State: MIAMI LAKES, FL.	28 City & State: PALMETTO LAKES
24 Zip: 33014 25 Country: DADE	29 Zip: 33014-1202 30 Country: DADE

4. FEI Number: 56-0488897 ☐ 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	10. Name and Address of New Registered Agent
ALYAWER, ZAHAIR H 6768 CROOKED PALM TERRACE MIAMI LAKES FL 33014	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: Zuhair Al yawer Pd — 3.17.1997
Signature of new registered agent, if changed, and title, if applicable — Former Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		☐ Change ☐ Addition
NAME	ALYAWER, ZUHAIR H	1.1 TITLE / 1.2 NAME	PD ZUHAIR ALYAWER
STREET ADDRESS	6768 CROOKED PALM TERRACE	1.3 STREET ADDRESS	6741 CROOKED PALM LN.
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE	VD ☐ DELETE	2.1 TITLE / 2.2 NAME	☐ Change ☐ Addition VD LAMAAN ALYAWER
NAME	ALYAWER, LAMAAN K	2.3 STREET ADDRESS	6741 CROOKED PALM LN.
STREET ADDRESS	6768 CROOKED PALM TERRACE	2.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014
CITY-ST-ZIP	MIAMI LAKES FL 33014		
TITLE	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/96)

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), 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 added by an attachment with an address.

SIGNATURE: Pd — 3.17.1997 — 305-8200367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121824