FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000039493 (9)

1. Corporate Name
AL MASRY, INC.

Principal Place of Business
977 WOODSIDE CIR
KISSIMMEE FL 34741

Mailing Address
977 WOODSIDE CIR
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8660 W IRLO BRONSON HWY 192
22 Suite, Apt. # etc.
23 City & State: KISSIMMEE FL
24 Zip: 34747
25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3243826 — 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

MCINTEE, JOHN E
241 E RUBY AVE
SUITE B
KISSIMMEE FL 34741

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

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SALAMA, LOFTY
STREET ADDRESS	977 WOODSIDE CIR
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	DVS
NAME	ABDEL-RAHMAN, HASAN
STREET ADDRESS	969 WOODSIDE CIR
CITY-ST-ZIP	KISSIMMEE FL 34741

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DVS	☑ Change ☐ Addition
NAME	SALAMA, NAHED	
STREET ADDRESS	977 WOODSIDE CIR.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: (signature) (LOTFY SALAMA) 4/28/95 (407) 396-6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374016 CP