## 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 # P94000040444 (9)

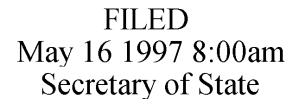
## ALAWI, INCORPORATED

Principal	Place of	Business

Mailing Address

2361 WHISPERING MAPLE ST. ORLANDO FL 32837

2381 WHISPERING MAPLE ST. ORLANDO FL 32837-6710



Date Incorporated or Qualified	3a. Date of Last Report		
05/27/1994	3a. Date of Last Report 11/07/1996		

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						3. Date Incorporated or Qualified 05/27/1994	3a. Date of 11/07/1		port
2. Principa	al Place of Business	2a. Mailing	Address		2 <b>.</b>	4. FEI Number		Ар	plied For
21		26				59-3242814		L	t Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired Fee Re-		
City & S	State	City & S	lale			6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Count	ry	8. This corporation has liability for	intangible tax u	inder s.	199.032,
24	25	29		30			Yes No		
	9. Name and Address of Co	urrent Registered Ag	ent			10. Name and Address of New Re	gistered Agen	t	
	LAWI, MOSTAFA M			8	1 Name	•			
	733 FALLING TREE CIRCLE			8	2 Street	Address (P.O. Box Number is Not Acceptal	ole)		
. 0	RLANDO FL 32837								
31 July 41	•			8	3				
				8	4 City		85	Zip (	Code
-24 6						corporation submits this statement for the	<u></u>	<u>L</u>	
office in agent.	I am familiar with, and accept the o	obligations of, Section	607.0505, Fid	orida \$tatul	es.	poration's board of directors. I hereby acce		nent as	registered
12,	Signature, typed or printed name of register	ed agent and title if applicable S AND DIRECTORS	(NOT	E Ring sterod /	vgent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE DID		Q IN 12
TITLE	D		DELETE	1,1 1111		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	ALAWI, MOSTAFA M			1,2 NAM			LJ \	mango	ROUNION
STREET ADDRE	AAAA SAN MARAMARKA CAARA	: ND		1	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32827	. D11.							
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NAME		•		2.2 NAM			, (,	oriorigo	
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NAME		-		3 2 NAM				and igo	
STREET ADORE	ss				ET ADDRESS				
CITY-ST-ZIP				1	- ST - ZIP				
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NAME				4. 2 NAN	1E		<del></del>		
STREET ADDRE	ss				F1 ADDRESS				
CITY-ST-ZIP	1			1	- S1 - ZIP				
TITLE			DELETE	5.1 1/11				Change	Addition
NAME				5.2 NAM	E			-	
STREET AODRE	ss				ET ADDRESS				
CITY-ST-ZIP				5 4 City					
TITLE			DELETE	61180				Change	Addition
NAME		-		6.2 NAM				•	
STREET ADORE	ss				E1 ADDRESS				
OITH OT TID				9.3 3 INC					

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 18 if changed, or on an attachment with an address.

SIGNATURE -

121197