

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

FILED

97 SEP -3 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000044987 (3)
 1. Corporation Name
LUCKY 7 #1, INC.



Principal Place of Business
18369 NORTHWEST 27 AVENUE MIAMI FL 33055

Mailing Address
18369 NORTHWEST 27 AVENUE MIAMI FL 33058-3169

3. Date Incorporated or Qualified
06/16/1994

3a. Date of Last Report
02/23/1996

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

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

4. FEI Number
65-0498402

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
BANA, MOHIOBAL H
7980 BISCAYNE BLVD.
MIAMI FL 33138
New Address
800 N.W. 119 ST
MIAMI FL 33168

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 FL B5 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 *Mohd Abdel Bawer* DATE **6/12/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BANA, MOHIOBAL H	
STREET ADDRESS	800 N.W. 119 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V.P.
1.3 STREET ADDRESS	MOHAMMED I. LAKHANI
1.4 CITY-ST-ZIP	16700 N.W. 17th AVE MIAMI FL 33056
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASUR
2.3 STREET ADDRESS	SULEMAN ISMAIL
2.4 CITY-ST-ZIP	800 N.W. 119 ST MIAMI FL 33168
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	RAJAB MOMIN
3.4 CITY-ST-ZIP	999 N.E. 167 ST # 306 N.M.B. FL 33162
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OFFICER
4.3 STREET ADDRESS	SYED NOOR MOHD
4.4 CITY-ST-ZIP	999 N.E. 167 ST # 506, N.M.B. FL 33162
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>(Signature)</i>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	3165

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)*

CP2E034 (9/96)