

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045319 (8)

1. Corporation Name

2349 NORTH WEST 9TH AVENUE PROPERTIES, INC.



Principal Place of Business

**941 N.E. 19TH AVENUE STE. 301
FORT LAUDERDALE FL**

Mailing Address

**941 N.E. 19TH AVENUE STE. 301
FORT LAUDERDALE FL**

2. Principal Place of Business

2a. Mailing Address

21 **9941 SW 4th Street**

26 **9941 SW 4th Street**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Plantation, FL

Plantation, FL

24 Zip

25 Country

29 Zip

30 Country

33324

USA

33324

USA

9. Name and Address of Current Registered Agent

**HASAN, OSMAH
941 N.E. 19TH AVENUE STE. 301
FORT LAUDERDALE FL**

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0499219

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 agent 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 of the person filing this report (Signature must be typed)

Signature of Agent or Director (Signature must be typed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAHOOK, NOFAL	
STREET ADDRESS	2400 E COMMERCIAL BLVD STE 204	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAHSHAH, WAEL	
STREET ADDRESS	4099 NW 31ST AVENUE	
CITY- ST- ZIP	LAUDERDALE LAKES FL 33309	
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. TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Kahook, Nofal	
3. STREET ADDRESS	9941 SW 4th Street	
4. CITY- ST- ZIP	Plantation, FL 33324	
5. TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Dahshah, Wael	
7. STREET ADDRESS	1681 NW 100th Way	
8. CITY- ST- ZIP	Plantation, FL 33322	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY- ST- ZIP		

14. I do 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)(k) 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:

Osma Hasan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

CR2E034 (12/95)