

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000053162 (1)

1. Corporation Name

WAFDAL TRUST, INC.



Principal Place of Business

Mailing Address

2400 E. COMMERCIAL BLVD.
SUITE 204
FT. LAUDERDALE FL 33308
US

2400 E. COMMERCIAL BLVD.
SUITE 204
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

21 9941 SW 4th Street

Suite, Apt. #, etc.

22 City & State
23 Plantation, FL

24 Zip 33304 25 Country USA

26 9941 SW 4th Street

27 Suite, Apt. #, etc.

28 City & State
29 Plantation, FL

30 Zip 33304 31 Country USA

9. Name and Address of Current Registered Agent

SCHOLNIK, LOUIS N
2400 E COMMERCIAL BLVD
SUITE 820
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

07/21/1995

4. FET Number

65-0529247

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BLEIBEL, CHADI
STREET ADDRESS 1803 AUSTRALIAN AVE SUITE A
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D/P/T/S

Kahook, Nofal
9941 SW 4th Street
Plantation, FL 33304

VP

Kahook, Muntaha
9941 SW 4th Street
Plantation, FL 33304

☐ Change

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

954 771 3776

18.5

Daytime Phone #

CR2E034 (12/95)