FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067005 (6)**

1. Corporation Name
NABIL, INC.

Principal Place of Business	Mailing Address
12315 SW 151 ST #205 MIAMI FL 33186	12315 SW 151 ST #205 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report:

21 2. Principal Place of Business	3055 NW SOUTH RIVER DR.
22 Suite, Apt. #, etc	
23 City & State	MIAMI FL
24 Zip / 25 Country	33142 / DADE
26 2a. Mailing Address	3055 NW SOUTH RIVER DR.
27 Suite, Apt. #, etc	
28 City & State	MIAMI FL
29 Zip / 30 Country	33142 / DADE

4. FEI Number: 65-0519670 ☐ 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

HASSAN, MOHAMED M
12315 SW 151 ST
#205
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: HASSAN, MOHAMED M
82 Street Address (P.O. Box Number is Not Acceptable): 3055 NW SOUTH RIVER DR.
83
84 City: MIAMI FL 85 Zip Code: 33142

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's signature required when mandatory) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/S/D	☐ Change ☒ Addition
NAME	HASSAN, MOHAMED M	12 NAME	HASSAN, MOHAMED M	
STREET ADDRESS	12315 SW 151 ST #205	13 STREET ADDRESS	12315 SW 151 ST # 205	
CITY ST ZIP	MIAMI FL 33186	14 CITY ST ZIP	MIAMI FL 33186	
TITLE	VD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	KHAN, MOHAMMED D	22 NAME	AKHTER, NILUFA	
STREET ADDRESS	281 FORSYTH ST	23 STREET ADDRESS	281 FORSYTH ST	
CITY ST ZIP	BOCA RATON FL 33487	24 CITY ST ZIP	BOCA RATON FL 33487	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	NAHID, FATIMA	32 NAME		
STREET ADDRESS	11211 S MILITARY TR #2721	33 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL 33436	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: MOHAMED M. HASSAN 04-25-95 305-636-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title: PRE — Date — Daytime Phone #

0203043 CP