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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 23 1997 8:00am Secretary of State

DOCUMENT # P9400068718 (3)

AL SALAM INVESTMENTS, INC.

| Principal Place of Business Mailing Address | | | | | | .]/ | JUI 1011 1181 | |
|---|--|--------------------------------|---------------------------|-------------------------|---|--|----------------|--|
| 1750 MARTIN LUTHER KING BLVD 1750 MARTIN LUTI POMPANO BEACH FL 33069 POMPANO BEACH | | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 09/15/1994 | 3a. Date of Last 6 05/08/1996 | Report | |
| · | lace of Business | 2a, Mailing Address | | | 4. FEI Number | | pplied For | |
| 21 Couts April | B | 26 | | | 65-0525115 | ······································ | lot Applicable | |
| | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| City & State City & State 28 | | | | | Election Campaign Financing Trust Fund Contribution | | May Be | |
| Zφ | Country Zip | | Countr | y | This corporation has liability for | | to Fees | |
| 24 | 25 29 30 | | 30 | Florida Statutes Yes No | | | | |
| | Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Ro | egistered Agent | | |
| | BBAS, IBRAHIM E | | 81 | Name | | | | |
| 1750 MARTIN LUTHER KING BLVD | | | 82 | Street | eet Address (P.O. Box Number is Not Acceptable) | | | |
| POMPANO BEACH FL 33069 | | | 83 | | | | | |
| | | | 63 | ' | | | | |
| | | | 84 | City | | FL 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | es, the abov | e-named | corporation submits this statement for the | nurnose of changing i | its registered | |
| Office or r | registered agent, or both, in the State im familiar with, and accopt the obliga | of Florida. Such change was a | authoriz e d b | v the corr | poration's board of directors. I hereby acce | pt the appointment as | s registered | |
| SIGNATURE | | | ordin Ottalion | • | | | | |
| SIGNATIONE. | Stigrature, typed or picitical raise of registered age | rt and to cid applicable (NO1 | E Registered Ag | ent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | | | |
| TITLE | PT FLADOAC IDDALINA | ☐ DELETE | 1.1 TITLE | | Pt.85 | ⊠ Change | Addition | |
| NAME | ELABBAS, IBRAHIM 1750 MARTIN LUTHER KING B | LVD. | 1.2 NAME | | BRAHIM ELABBAS 1750 Martin Luther K Pompano FL 2306 | ina Brude | | |
| STREET ADDRESS | POMPANO BEACH FL 33069 | LYD | | T ADDRESS | DAMAGE TO TO C | 11/2000 | | |
| CITY - ST - ZIF TITLE | S | DELETE | 1.4 CITY - 2 1 TITLE | ST-ZIP | 1 cmbase 1-1 3300 | Change | Addition | |
| NAME | PLOUBLE GADIO | | 22 NAME | | | C) Gliange | L. Addition | |
| STREET ADDRESS | 1750 MARTIN LUTHER KING B | LVD | 2.3 STREET ADDRESS | | | | | |
| CITY-SI-ZIP | POMPANO BEACH FL 33069 | | 2 4 CHY- | | | | | |
| TITLE | | DELETE | 3.1 TITLE | J. 2// | · · · · · · · · · · · · · · · · · · · | Change | Addition | |
| NAME. | | | 3.2 NAME | | | | • | |
| STREET ADORESS | | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | |
| TITLE | | ∐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 4. 2 NAME | | • | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CiTY - S1 - ZIP | | DELETE | 4.4 CITY - 5 | ST-ZIP | | | | |
| TITLE | | C OFFEIE | 5.1 TITLE | | | L. Change | ☐ Addition | |
| NAME STREET ADDRESS | | | 5.2 NAME | T ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS | | | | |
| TITLE | | ☐ DELETE | 5.4 CITY - 1 6.1 TITLE | 31-211 | | ☐ Change | Addition | |
| NAME | | | 6.2 NAME | | | Ondrigo | roduloff | |
| STREET ADDRESS | | | I | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 1 | | | | | |
| *************************************** | by certify that the information supplier | with this fund does not qualif | | | lated in Section 119 07/3Vi). Florida Statute | no. I further certify the | t the | |

4. 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 chapted, or on an attachment with an address.

SIGNATURE:

CNATURE OF STORY OF PRINTED NAME OF STORYING OFFICER OR DIRECTOR

1/14/95