	FILE NOW: FILING FEE AFTER M PROFIT CORPORATION ANNUAL REPORT 1999		TMENT OF STATE e Harris of State ORPORATIONS	FILE Mar 10, 199 Secretary 03-10-1999 90243 0	99 8:00 am of State
OCUN Corporation	MENT # P94000	069655			
FATHER	& SONS INTERNATIONAL	TRADING, INC.		I TRAILER HA STATE DIEL DIEL RAIL RAIL RAIL RAIL RAIL	INTEN MELLIN (MILE MILE) NEVEL MELE FOUL
•	e of Business	Mailing Address P. O. BOX 17253			
26 HINSDALE 1200 P. O. BOX 17253 MPA FL 33615 TAMPA FL 33682-7253 S US				HIS SPACE	
		05		3. Date Incorporated or Qualifed	
Dississi D		2a, Mailing Address		09/21/1994 4. FEI Number	Applied For
	lace of Business , HINSDALE DRIVE			59-3269641	Not Applicable
Suite, Apt. 7		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & State		27 City & State		8 Election Campaign Einancing	Fee Required \$5.00 May Be
ony a orali	~	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
	25 9. Name and Address of Currer		30	Personal Property Tax. 10. Name and Address of New Register	
Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	a the should named		
office or re agent. I ar	m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corp	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	e of changing its registered opointment as registered
office or re agent. I ar	m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori nt and title if applicable (NOTE: 1	thorized by the corp da Statutes. Registered Agent signature i	equired when reinstating)	
office or re agent. I ar NATURE	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corp da Statutes.	ration's board of directors. I nereby accept the ap	S AND DIRECTORS IN 12
office or re agent. I ar NATURE	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M	of Florida. Such change was au ations of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS	Registered Agent signature (13. 11 TITLE 12 NAME	aquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
office or re agent. I ar NATURE	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4	of Florida. Such change was au ations of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS	thorized by the corp da Statutes. Registered Agent signature (13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	Pa Box 17253	AND DIRECTORS IN 12
office or re agent. I ar NATURE ET ADORESS ST-ZIP	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL	of Florida. Such change was au ations of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS	Registered Agent signature (13. 11 TITLE 12 NAME	aquired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
office or re agent. I ar NATURE ET ADORESS ST-ZIP	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL PD SHAER, MAHMOUD S	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE	thorized by the corp da Statutes. Registered Agent signature f 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Pabox 17253 TAMPA FL 33682-125	AND DIRECTORS IN 12 Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL PD SHAER, MAHMOUD S 15215 LIVINGSTON AVENUE 4	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE	thorized by the corp da Statutes. Registered Agent signature f 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Pabox 17253 TAMPA FL 33682-125	AND DIRECTORS IN 12 Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL PD SHAER, MAHMOUD S	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE	thorized by the corp da Statutes. Registered Agent signature f 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Pa Box 17253	AND DIRECTORS IN 12 Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL PD SHAER, MAHMOUD S 15215 LIVINGSTON AVENUE 4 LUTZ FL D SHAER, BASSAM R	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	AND DIRECTORS IN 12 Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corp da Statutes. Registered Agent signature f 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	AND DIRECTORS IN 12 Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LIVINGSTON AVENUE 4 LUTZ FL PD SHAER, MAHMOUD S 15215 LIVINGSTON AVENUE 4 LUTZ FL D SHAER, BASSAM R	of Florida. Such change was au itions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Pabox 17253 TAMPA FL 33682-125	And DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	And DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corpl da Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	And DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori nt and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123-	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123- DELETE DELETE DELETE	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123- DELETE DELETE DELETE	thorized by the corputal A Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition
office or re agent. I ar NATURE ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E E E E E E E E E E E E E E E E E E	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123- DELETE DELETE DELETE	thorized by the corp da Statutes. Registered Agent signature / 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	Addition Change Addition Change Addition Addition Addition Change Addition Addition Addition Addition Addition
office or re agent. ar SNATURE EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123- DELETE DELETE DELETE DELETE	thorized by the corp da Statutes. Registered Agent signature / 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	Addition Change Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Addition
office or re agent. I ar	M familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN VPD SHAER, JIHAD M 15215 LWINGSTON AVENUE 4 LUTZ-FL PD SHAER, MAHMOUD S 15215 LWINGSTON AVENUE 4 LUTZ-FL D SHAER, BASSAM R 13409 PLACE CIRCLE #140	of Florida. Such change was au tions of, Section 607.0505, Flori Int and title if applicable (NOTE: 1 ND DIRECTORS DELETE #123- DELETE DELETE DELETE DELETE	thorized by the corputal A Statutes. Registered Agent signature / 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	Pa Box 17253 PAMPA FL 33682-1253 TAMPA FL 33682-1253	Addition Change Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Addition

SIGNATURE:

SIGNATURE AND TYPED OR PENTED	tet -	
SIGNATURE AND TYPED OR PRINTED	MAME OF SIGNING OFFICER	OR DIRECTOR