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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000070943 (3)**

1. Corporation Name

**MANSOUR INTERNATIONAL CORPORATION**

Principal Place of Business	Mailing Address
7950 NE BAYSHORE CENTER SUITE 52 MIAMI FL 33138	7950 NE BAYSHORE CENTER SUITE 52 MIAMI FL 33138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/27/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0522160</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.023, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MONSOUR, MOHAMAD</b> <b>7950 NE BAYSHORE CENTER</b> <b>SUITE 39</b> <b>MIAMI FL 33138</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MANSOUR, MOHAMAD</b>	12 NAME					
STREET ADDRESS	<b>7950 NE BAYSHORE CRT SUITE 39</b>	13 STREET ADDRESS					
CITY - ST - ZIP	<b>MIAMI FL 33138</b>	14 CITY - ST - ZIP					
TITLE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		22 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY - ST - ZIP		24 CITY - ST - ZIP					
TITLE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY - ST - ZIP		34 CITY - ST - ZIP					
TITLE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY - ST - ZIP		44 CITY - ST - ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY - ST - ZIP		54 CITY - ST - ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2-26-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR