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 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080004 (2)**

1. Corporate Name

MBH INTERNATIONAL, INC.

Principal Place of Business

365-7 MAGUIRE VILLAGE
GAINESVILLE FL 32603-2015

Mailing Address

P O BOX 13372
GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: **59-3270516** ☐ 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. The corporation is organized for the purpose of transacting any and all lawful business under Chapter 607, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAIDI, MOHAMMED
380-2 MAGUIRE VILLAGE
GAINESVILLE FL 32603

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 Section 607.1005, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

12.	13.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE President, P/C/M ☒ Change ☐ Addition NAME Hicham Bouiant STREET ADDRESS 365-7 Maguire Village CITY-ST-ZIP Gainesville, FL 32603-2016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ~~Mohammed Saidi~~ P/T/D ☒ Change ☐ Addition NAME Mohammed Saidi STREET ADDRESS 380-2 Maguire Village CITY-ST-ZIP Gainesville, FL 32603-2016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further I 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 added to the report or is added to an attachment with an asterisk.

SIGNATURE: Mohammed Saidi MOHAMMED SAIDI 4/25/95 904-846-5489.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0411908 FP