FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

P. O. BOX 26491

PROFIT CORPORATION ANNUAL REPORT

1997

Principa! Place of Business

5635 HOLLYWOOD BLVD

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080412 (7)

SELAM TRADING & DISTRIBUTING COMPANY

TAMARAC FL 33320-6491 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1994 07/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0530208 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Country Ζiρ This corporation has liability for intengible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALEMU, TSEGAYE 7556 NW 58 ST Street Address (P.O. Box Number is Not Acceptable) 82 TAMARAC FL 33321 83 City Zip Code 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. Typed or production is of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETÉ Change Addition 1 1 TITLE THU TSEGAYE, ALEMU 1.2 NAME NAME 4450 NW 23RD ST 13 STREET ADDRESS STREET ADDRESS LAUDERHILL FL CITY-ST-Z-P 14 CITY - ST - ZIP DELETE Change Addition 21 TITLE TIFLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY-ST-7/P DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - St - ZIP DELETE Addition Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP DITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FULL LIGHT OF POWER NAME OF SIGNATURE AS PARTY AS TO SIGNATURE AS

6.4 CITY - ST-2(P

14. I do hereby certify that the information supplied with this fring 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