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cc	PROFIT DRPORATION NUAL REPORT 1997		FLORIDA DEPA	FITMENT (ENT OF STATE		1 ~	May 22 1997 8:00am Secretary of State		
DOCL 1.,Coreora	JMENT # P SHAHZAD CO DUNKIN. DON	RPORATION	18433,	9	•		Secretary	OI S	iaic	
Principal Pta	nce of Business 13495 N.W N. MIAMI F	7TH AVE	ing Address		-		Date incorporated or Qualified ;			
							o. Date incorporated at Coamed	a. Date of Last	Heport	
2. Principa:	Place of Business	2a. \\	lailing Address				4. FEI Number		Applied For	
Suite Ac	t. +, etc.	— <u> </u>	uite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Not Approace Additional	
City & Sta	3:0	27 C	ity & State		·	·	8. Election Campaign Financing		Required 0 May Be	
3 Z:p ₄	Countr	y 28 Z	ip	Cour	ntry		Trust Fund Contribution This corporation has liability for intermediate to the component of the co	Adde	d to Fees	
· · · · · · · · · · · · · · · · · · ·		ess of Current Register	ed Agent	130		··· · · · · · · · · · · · · · · · · ·	Florida Statutes			
	NIZAR LADI					Name Street Add	dress (P.O. Box Number is Not Acceptable)			
	13495 N.W. N MIAMI FL			L	33	30001 701	cress (F.O. box number is not Acceptable)	···		
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11 Diverse	to the convinces of Sac	100 000 000 ord 000	****	- 1	- 1	•			Code	
office or agent. I SIGNATURE	Wilana	rollude.					rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing appointment a 5190	its registered s registered	
12.		of registered agent and title if ac		E. Registered /	Agent	eduşme sedr	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC (A) 12	
nrus	PRESIDENT		DELETE	1.1 1116	Ē		Noomonado vades 10 or noem	Change	Addition	
NAME	NIZAR LADI			12 949	E					
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NAME	AMIN RATTANSI			2.2 NAME					_	
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TREET ADDRESS				4.3 STREE	ET ADO	RESS	***165.00	40		

14. If do hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Description of the corporation of the corporation of 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 on an attachment with an address.

SIGNATURE:

SIGNATURE:

Description of the corporation of the corporation of 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 on an attachment with an address.

SIGNATURE:

Description of the corporation o