

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089609 (9)

1. Corporation Name

HIKMAH INTERNATIONAL, INC.



Principal Place of Business

3841 CHARLES TERRACE
MIAMI FL 33133
US

Mailing Address

P O BOX 330045
MIAMI FL 33233
US

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 3150 MUNDY ST.

26 P.O. BOX 330045

4. FET Number

65-0546994

Applied For

Not Applicable

22 Suite, Apt. #, etc.
#304

27 Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 City & State
MIAMI FL.

28 City & State
MIAMI FL.

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 Zip
33133

Country

DADE

Zip

33233

Country

DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMIN, MUSTAFA A
3841 CHARLES TERRACE
MIAMI FL 33133

81 Name
MUSTAFA A. AMIN

82 Street Address (P.O. Box Number is Not Acceptable)

3150 MUNDY ST. #304

83

84 City
MIAMI

FL

85 Zip Code
33233

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

M. A. Amin

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AMIN, MUSTAFA A
STREET ADDRESS 3841 CHARLES TERRACE
CITY-ST-ZIP MIAMI FL 33133

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE A
NAME MUSTAFA A. AMIN
STREET ADDRESS 3150 MUNDY ST. #304
CITY-ST-ZIP MIAMI FL. 33133

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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: *M. A. Amin*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 305-445-7357

Date

Daytime Phone

CR2E034 (12/95)