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

FILED
96 APR -9 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008743

1. Corporation Name

Principal Place of Business / Mailing Address
4824 MACEDO BLVD
PORT ST. LUCIE, FL 34983

3. Date Incorporated or Qualified: JAN. 27, 1995
3a. Date of Last Report:
4. FEI Number: ✓ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

	2. Principal Place of Business	2a. Mailing Address
21/26	4824 MACEDO BLVD	4824 MACEDO BLVD
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: PORT ST. LUCIE, FL	City & State: PORT ST. LUCIE FL
24/29	Zip: 34983	Zip: 34983
25/30	Country: ST. LUCIA	Country: USA

9. Name and Address of Current Registered Agent

MAZEN AHMED MUSAITIF
4824 MACEDO BLVD
PORT ST. LUCIE, FL 34983

10. Name and Address of New Registered Agent

81 Name: MAZEN A. MUSAITIF
82 Street Address (P.O. Box Number is Not Acceptable): 4824 MACEDO BLVD
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

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: Mazen Musaitif — DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES & TREAS NASSER MUSAITIF 1226 PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34982	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES, SEC. TREAS & V.P. MAZEN A. MUSAITIF 4824 MACEDO BLVD PORT ST. LUCIE, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	500001 Change 8.75 Addition -04/12/96--01068--001 ****200.00 ****200.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SP	☐ 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

CR2E034 (12/95)

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: Mazen Musaitif — 3/26/96 — (407) 461-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAZEN MUSAITIF