

P950000 14774

J.V.C. ACCOUNTING, INC.

10028 S.W. 16TH STREET
PEMBROKE PINES, FLORIDA 33025
Tel. (954) 436-7542 Fax (954) 433-9895

Beepers (954) 390-2390 (305) 540-5464

97 MAY -7 PM 4:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 30, 1997

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl. 32399
Attn: Annette Hogan

100002170381--3
-05/06/97--01101--001
*****82.50 *****30.00

Dear Annette:

Re: Harbi Enterprises, Inc. Document # L34886
d/ba/ New Way Supermarket

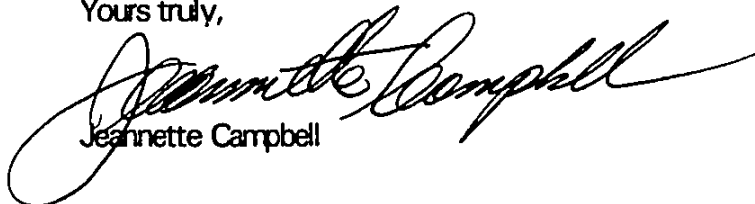
100002170381--3
-05/07/97--01128--001
*****40.00 *****40.00

Enclosed please find check # 1792 \$ 82.50 to cover the expense for
a certified copy of the articles of incorporation and a certified copy of the d/b/a/.

Please mail them to the above address via Fed Exp A/C 168 7666 96

Thank you in advance for all your help.

Yours truly,


Jeannette Campbell

097126900026--4
-05/06/97--01101--001
*****82.50 - 30.00
F.C.

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

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P95000014774</i> 1. Corporation Name <i>SAISHU INC.</i>			
Principal Place of Business <i>12396 Quail Root Dr Miami, FL 33177</i>		Mailing Address <i>12396 Quail Root Dr Miami, FL 33177</i>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
4. FEI Number <i>65-0620644</i>		3. Date Incorporated or Qualified 31 Date of Last Report	
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			
9. Name and Address of Current Registered Agent <i>Steven L. Jones Esq. 499 NE 2nd Ave #216 Miami FL 33138</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☒ DELETE NAME <i>MOHAMMAD M. SHOUMAN</i> STREET ADDRESS <i>12396 Quail Root Dr</i> CITY, ST, ZIP <i>MIAMI FL</i>		11 TITLE ☒ Change ☐ Addition 12 NAME <i>MAYSA SHOUMAN</i> 13 STREET ADDRESS <i>12396 Quail Root Dr</i> 14 CITY, ST, ZIP <i>MIAMI FL 33177</i>	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	
14. I do hereby certify that the information supplied with this filing 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: <i>Maysa Shouman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>5/5/97</i> 305-252-7388 Daytime Phone #	

CR2E034 (9/96)