P95000014774

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

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

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:

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

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

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

C:971263000026---4
-05/06/97--01101--001
*****82.50 - 30.00
F.E

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMMENDED

PROFIT CORPORATION ANNUAL REPORT 1997

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014774

1. Corporation Name
SAISH U INC.

Principal Place of Business / Mailing Address
12396 Quail Roost Dr
Miami, Fl. 33177

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0620644 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Steven L Jones Esq.	81 Name
4999 N E 2nd Ave #216	82 Street Address (P.O. Box Number is Not Acceptable)
Mia Fl 33138	83
	84 City FL 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 ____________________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. ☒ DELETE	11 TITLE	Pres./Treas. ☒ Change ☐ Addition
NAME	MOHAMMAD M. SHOUMAN	12 NAME	MAYSA SHOUMAN
STREET ADDRESS	12396 QUAIL Roost Dr.	13 STREET ADDRESS	12396 Quail Roost Dr.
CITY-ST-ZIP	MIAMI Fl.	14 CITY-ST-ZIP	Miami, Fl. 33177
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (9/96)

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: Maysa Shouman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97 Date

305-252-7388 Daytime Phone #