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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000014774 (0)

1. Corporation Name
SAISHU, INC.

Principal Place of Business
12396 QUAIL ROOST DR
MIAMI FL 33177

Mailing Address
12396 QUAIL ROOST DR
MIAMI FL 33177-4978

3. Date Incorporated or Qualified
02/21/1995

3a. Date of Last Report
11/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

BAHHUR, HUSAM
13434 SW 91 TERR
MIAMI FL 33188

81 Name

STEVEN L. JONES, Esq.

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

9999 NE 2nd AVENUE

83

Ste. 216

84 City

Miami Shores

FL

85 Zip Code

33138

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
NAME BAHUR, HUSAM N
STREET ADDRESS 4880 NE 2ND AVE
CITY- ST- ZIP MIAMI FL 33137

2. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE P
1.2 NAME SHOUMAN, MAYSA, MOHAMMAD
1.3 STREET ADDRESS 12396 Quail Roost Dr.
1.4 CITY- ST- ZIP Miami, FL 33177

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 unchanged, or on an attachment with an address.

SIGNATURE:

Maysa Shouman
MAYSA, MOHAMMAD SHOUMAN

Date

4/14/97

Daytime Phone #

0241238

CR2E034 (9/96)