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 # P95000034262

1. Corporation Name

AWAZ, INC.

Principal Place of Business
8445 INT'L DR
STE 163
ORLANDO, FL 32819

Mailing Address
7243 SPRINGVILLA CIRCLE
ORLANDO, FL 32819

2. Principal Place of Business	2a. Mailing Address
21 8445 INT'L DR	26 7243 SPRINGVILLA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 STE 163	27
City & State	City & State
23 ORLANDO, FL	28 ORLANDO, FL
Zip / Country	Zip / Country
24 32819 / 25 ORANGE	29 32819 / 30 ORANGE

3. Date Incorporated or Qualified: 4/27/95
3a. Date of Last Report:
4. FEI Number: 59-3317563 ☐ 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

AHMAD NOBANI
2264 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744

10. Name and Address of New Registered Agent

81 Name: JACQUELINE B NOBANI
82 Street Address (P.O. Box Number is Not Acceptable): 7243 SPRINGVILLA CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32819

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: Jacqueline B. Nobani (Signature of New Registered Agent, if changed) 5/30/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: PRESIDENT; AHMAD NOBANI; 2264 E. IRLO BRONSON HWY; KISSIMMEE, FL 34744	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition: PRESIDENT; JACQUELINE B NOBANI; 7243 SPRINGVILLA CIRCLE; ORLANDO, FL 32819
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	☐ 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

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***225.00

6/10 JZ

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)(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: Jacqueline B. Nobani 5/30/96 407-351-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #