FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIL CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

P95000044268 (7) **DOCUMENT #**

SHAHEEN BROTHERS, INC.

FILED

96 AUG 30 PM 4: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 4701 NW 14 ST. LAUDERHILL FL 33313		Mailing Address				
		4701 NW 14 ST. LAUDERHILL FL 3331	13			
Choocin were	2 000.0	<u> </u>			3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1995	
2. Principal Pla	ce of Business	2a. Mailing Address			FELNumber / QCL / Q / Applie	
21		26	26		165,0687/8/ Not A	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired Fee Requi	
22		27 Ch & Chats			6. Election Campaign Financing \$5.00 Ma	
City & State		City & State			Trust Fund Contribution Added to F	
Zip	Country	Ζφ	Country		8. This corporation has liability for intangible tax under s 199.0	032,
24	25	29	30	y_=	Florida Statutes Yes Salo	
	9. Name and Address of Curr	ent Registered Agent		····	10. Name and Address of New Registered Agent	
			81	Name		
CHAHINE			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
4701 NW	/ 14 ST. HILL FL 33313		83			
LY- LOGIC II	HELT E GOOTS		84	City	FI 85 Zip Coc	Je .
4				<u> </u>	oration submits this statement for the purpose of changing its registered and	and of the
12.		AND DIRECTORS	113.	of Stiluture and lone	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change	
TITLE	D	Defete	1 1 HTLE		Change	Add tion
NAME	CHAHINE, ISSAM		1.2 NAME		~~~~~404	a o
STREET ADDRESS	4701 NW 14 ST.		1.3 STREE	I ADORESS	800001942 3 -09/09/960102000	竹〇 心
CITY - ST - ZIP	LAUDERHILL FL 33313		1.4 CHY-	ST-ZIP	-097037360102000 *****225,00 「微***225	୍ଦ 'ପଣ୍ଡ
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NAME			4.2 NAME			
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NAME			6.2 NAME		JB9-6-96	
STREET ADDRESS				ET ADDRESS	Ac .	
CITY-ST-ZIP			6.4 CHY-	ST-ZIP	for the exemption stated in Section 119.07/3/fk). Florida Statutes 1	further

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 ori an attachment with an address.

4-20-86.

SIGNATURE: