


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

FILED

Mar 18 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 # P95000058316 (7)		
1. Corporation Name ZYNAB, INC.		

Principal Place of Business 2700 NE 33RD STREET FT LAUDERDALE FL 33308	Mailing Address 2700 NE 33RD STREET FT LAUDERDALE FL 33308-1510
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2. Principal Place of Business 21 18486 N.W. 67th AVENUE Suite, Apt #, etc. 22 City & State 23 MIAMI, FL Zip 24 33015		2a. Mailing Address 26 18486 N.W. 67th AVENUE Suite, Apt #, etc. 27 City & State 28 MIAMI, FL Zip 29 33015		3. Date Incorporated or Qualified 07/27/1995		3a. Date of Last Report 05/16/1996	
25 US		30 US		4. FEI Number 65-0607384		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HASSAN, NOURI 18486 N.W. 67TH AVENUE MIAMI FL 33015				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 Nouri Hassan (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASSAN, NOURI		1.2 NAME	HASSAN, NOURI			
STREET ADDRESS	2700 NE 33RD STREET		1.3 STREET ADDRESS	18486 N.W. 67TH AVENUE			
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	MIAMI, FL 33015			
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER/SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASSAN, KARIMEH J		2.2 NAME	HASSAN, KARIMEH J.			
STREET ADDRESS	2700 NE 33RD STREET		2.3 STREET ADDRESS	18486 N.W. 67th AVENUE			
CITY-ST-ZIP	FT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	MIAMI, FL 33015			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME	HASSAN, ALI			
STREET ADDRESS			3.3 STREET ADDRESS	18486 N.W. 67TH AVENUE			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FL 33015			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 if changed, or on an attachment with an address.

SIGNATURE: Nouri Hassan Nouri Hassan 3-13-97 (305) 362-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)