

FILE NOW: FILING FEE AFTER MAY 1 IS \$ .00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morone  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000067430 (5)  
1. Corporation Name  
A.K.W. INC.



Principal Place of Business: P.O. BOX 891, KEY LARGO FL 33037  
Mailing Address: P.O. BOX 891, KEY LARGO FL 33037

2. Principal Place of Business: 21 1890 Roosevelt Blvd, 22 Suite, Apt. #, etc., 23 Key West FL, 24 33040, 25 USA, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 08/30/1995  
3a. Date of Last Report  
4. FEI Number: 65-0606130  
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 (checked), No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: NEKHAILA, USAMA, 101377 OVERSEAS HWY, KEY LARGO FL 33037

61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City: FL, 65 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 filer if applicable. DATE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	Pres	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Usama Nekhaila	
3. STREET ADDRESS	PO Box 891	
4. CITY-ST-ZIP	Key Largo FL 33037	
5. TITLE	N Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Hany Haroun	
7. STREET ADDRESS	1890 Roosevelt Blvd	
8. CITY-ST-ZIP	Key West FL 33040	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 3-19-96 DAYTIME PHONE: 305 296-0640

CR2E034 (12/95)