

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000070738 (6)

1. Corporation Name

HANDICRAFTS PLUS CENTER, INC.



Principal Place of Business

Mailing Address

1960 NE 153 STREET  
NO MIAMI BEACH FL 33162

1960 NE 153 STREET  
NO MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

☒ 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

IBRAHIM OSMAN,  
1960 NE 153 STREET  
NO MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL

85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME IBRAHIM, IBRAHIM  
STREET ADDRESS 1960 NE 153 STREET  
CITY-ST-ZIP NO MIAMI BEACH FL 33162  
☒ DELETE

1.1 TITLE PRESIDENT  
1.2 NAME IBRAHIM, OSMAN  
1.3 STREET ADDRESS 1960 N.E. 153 STREET  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FL. 33162.  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

2.1 TITLE VICE PRESIDENT  
2.2 NAME IBRAHIM, ASLAM  
2.3 STREET ADDRESS 1960 N.E. 153 STREET  
2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33162  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE VICE PRESIDENT  
3.2 NAME IBRAHIM, IQBAL  
3.3 STREET ADDRESS 1960 N.E. 153 STREET  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33162.  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE SECRETARY  
4.2 NAME IBRAHIM, HALIMA  
4.3 STREET ADDRESS 5343 N.W. 190 STREET  
4.4 CITY-ST-ZIP MIAMI, FL. 33055.  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 400001733774  
5.4 CITY-ST-ZIP -03/06/96--01029--020  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS \*\*\*200.00  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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, and 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: Osman Ibrahim OSMAN IBRAHIM

2/6/96

(305)944-0428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)