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Apr 25 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 # P95000070738 (6)

1. Corporation Name

HANDICRAFTS PLUS CENTER, INC.

Principal Place of Business

1960 NE 153 STREET
NO MIAMI BEACH FL 33162

Mailing Address

1960 NE 153 STREET
NO MIAMI BEACH FL 33162-6018



2. Principal Place of Business

21 5293 N.W. 161 STREET

2a. Mailing Address

26 5293 N.W. 161 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI

City & State

28 MIAMI

Zip

24 33014

Country

25 DADE

Zip

29 33014

Country

30 DADE

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

03/05/1996

4. FEI Number

65-0639254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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

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

Osman Ibrahim
Signature typed or printed name of registered agent and title, if applicable

OSMAN I BRAHIM - PRESIDENT

DATE

4/18/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME IBRAHIM, OSMAN
STREET ADDRESS 1960 NE 153 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

VP
NAME IBRAHIM, ASLAM
STREET ADDRESS 1960 N.E. 153 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

VP
NAME IBRAHIM, IQBAL
STREET ADDRESS 1960 N.E. 153 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

S
NAME IBRAHIM, HALIMA
STREET ADDRESS 5343 N.W. 190 STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Osman Ibrahim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSMAN I BRAHIM

4/18/97

(305) 624-2449

Date

Daytime Phone

0020741

CR2E034 (9/96)