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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| \Box | CI | INA | F | JT | # |
|--------|----|-----|---|----|---|

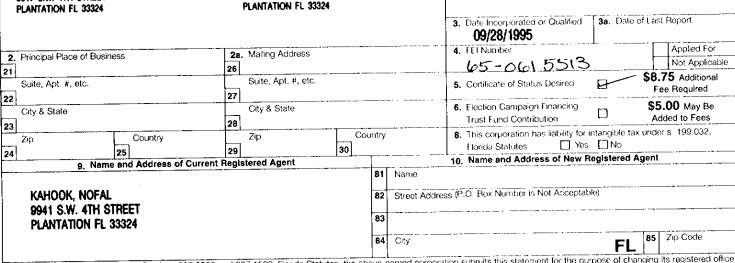
P95000074848 (9)

1. Corporation Name TRIPOLI CORP.

Mailing Address Principal Place of Business

9941 S.W. 4TH STREET

9941 S.W. 4TH STREET PLANTATION FL 33324



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. Thereby accept the appointment as registered agent. Lam 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 Sejnature | regulació whoru realistating DATE |
|----------------|--|----------------------------------|--|
| | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | E I NO CO | F 1.1707 F | Change Addition |
| TITLE | _ U | 4 GALAME | Walak Nofal |
| NAME | KAHOOK, NOFAL | 1.2 NAME | panor, with street |
| STREET ADDRES | | 1.3 STREET ADORESS | Kahok, Notal ggui so uth street |
| CITY - ST- ZIP | PLANTATION FL 33324 | 1 4 CHY-ST-ZIP | Plantation, FL 33324 |
| TITLE | DELE | TE 2.1 THTLE | 41 |
| NAME | | 2 2 NAME | Sasien Tewfic |
| STREET ADDRES | § | 2.3 STREET ADDRESS | 10411 N/M 15-17 LIVES |
| CITY-ST-ZIP | | 2 4 CITY - ST - ZIP | Plantation FL 33322 |
| TITLE | DELE | TE 3 1 TITLE | 1 V ~ |
| NAME | | 3.2 NAME | Jarallah Mahmoud 2400 E. (Composition Blod Soute 305 |
| STREET ADORES | e l | 3.3 STREET ADDRESS | Sayoo E (Colomorcial Blod Soutess) |
| 1 - | ° | 3.4 CiTY - ST - ZiF | The Landerdolo, FI 33808 |
| CITY-ST-ZIP | DELE | TE 4 1 TITLE | VP Change D Addition |
| NAME | | 4.2 NAME | Chahine, Issam 8 2400 E. Commercial Blud, Suite 305 Ft. Landerdale, FL 33308 |
| | c | 4.3 STREET ADDRESS | SQUODE, Commercial Blud, Suite 300 |
| STREET ADDRES | • | 4 4 CiTY - ST - 7IP | Ft. Landerdale FL 33308 |
| CITY-ST-ZIP | ☐ DELE | TE 5 1 TITLE | Change Addition |
| TITLE | VEE | 52 NAME | |
| NAME | | | |
| STREET ADDRES | s [| 5.3 STREET ADDRESS | ` |
| CITY-ST-ZIP | | 5 4 CITY - ST - ZIP | Change Addition |
| TITLE | ☐ DELE | TE 617HLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRES | s . | 6.3 STREET ADDRESS | s |
| CITY-ST-ZIP | | 6.4 CHTY - ST - ZIP | 11. 11. 11. 11. 11. 11. 11. 11. 11. 11. |
| OIL DI | | | |

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 cath, 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:

OFFICER OF DIFFECTOR

3/7/96 954-771-3776

CR2E034 (12/95)