

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 # **P95000091854 (6)**

1. Corporation Name
AMOON, INC.



Principal Place of Business

**9517 NW 52 MANOR
SUNRISE FL 33351**

Mailing Address

**9517 NW 52 MANOR
SUNRISE FL 33351**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**ISKANDER, ATEF
9517 NW 52 MANOR
SUNRISE FL 33351**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0532 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	ISKANDER, ATEF	TITLE	<input type="checkbox"/> DELETE
NAME		9517 NW 52 MANOR	President	
STREET ADDRESS		SUNRISE FL 33351		
CITY, ST, ZIP				
TITLE	VD	ISKANDER, NEMA	TITLE	<input type="checkbox"/> DELETE
NAME		9517 NW 52 MANOR	Vice President	
STREET ADDRESS		SUNRISE FL 33351		
CITY, ST, ZIP				
TITLE		ISKANDER, DAVID	TITLE	<input type="checkbox"/> DELETE
NAME		9517 NW 52 MANOR	stock holder	
STREET ADDRESS		SUNRISE, FL 33351		
CITY, ST, ZIP				
TITLE		ISKANDER, DINR	TITLE	<input type="checkbox"/> DELETE
NAME		9517 NW 52 MANOR	stock holder	
STREET ADDRESS		SUNRISE, FL 33351		
CITY, ST, ZIP				
TITLE			TITLE	<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY, ST, ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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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 in an attachment with an address.

SIGNATURE: Atif Iskander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 305/5725039

CR2E034 (12/95)
3-30-1996