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

PROFIT CORPORATION ANNUAL REPORT



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

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P95000094770 (1)

DOCUMENT # 1. Corporation Name

ZEIB II	NTERNATIONAL INC.							
Principal Place	of Business	Mailing Address			i Bern Ednik Hirit Dien Hour inden den 1881			
9410 SW 103 AVE MIAMI FL 33176		9410 SW 103 AVE MIAMI FL 33176						
				3. Date fricorporated or Qualified 12/12/1995	3a. Date of Last Report			
· · · · · · · · · · · · · · · · · · ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For			
[21]		26		65-062				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zq:	Country	8. This corporation has liability for				
24	25	29	30		s ⊠ No			
<u> </u>	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New	Flegistered Agent			
54001354	MED MANAGER I		81 Name					
	MED, NAUSHAD I V 103 AVE		82 Street	treet Address (P.O. Box Number is Not Acceptable;				
MAMI F	· · - · -		83					
			84 City		les la Zu Oude			
					FL 85 Zip Code			
or register	eo agent, or nom, in the State of i	honda. Such change was aufhonz	'ed by the consoration's.	rporation submits this statement for the publication of directors. Thereby accept the app	urpose of changing its registered office pointment as registered agent. I am			
tarnitar _a wii	th, and accept the obligations of, t	soction 607,0505, Horida Statutes).					
SIGNATURE	Signal are typed or printed name of registered	age of and title happing street. (N	The Begintanian Alpeit Signature of	Sparre, when not habisi	DATE			
12.	OFFICE RS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12			
TITLE		☐ DELETE	1 1 THLF	PRESIDENT COIRECT Naushad Imam	TOK) 🗵 Change 📋 Addition			
NAME			1.2 NAMÉ	Naushad Irram	Monammed			
STREET ADDRESS			1.3 STREET ADDRESS	9410 SW 10350 A				
CITY-SF-ZIP			1.4 CITY ST-ZIP	Miami FL 33				
TITLE		DETE IF	2 1 TITLE	VICE PRESIDENT	Change 🗌 Addition			
NAME			2.2 NAME	ZAKIA MASROO				
STREET ADDRESS			2.3 STREET ADDRESS	9410 SW 103rd	ALCO			
CITY-ST-ZIP		DELETE.	2.4 CHY - ST - ZIP		33176			
NAME		beer is	3 1 TITLE 3 2 NAME	MANAGER	Change [] Addition			
STREET ADDRESS			3.3 STREET ADDRESS	ZAKIA MASKOO	ζ_ [
CITY - ST - ZIP			3 4 Cify - S1 - ZiP	9410 SW 103 Rd AI MIAMI FL 331	<u>~</u>			
TITLE		DELETE	4 1 lift	10.10 PZ 351	Change			
NAME		<u></u>	± 4.2 NAME		C tribing. C results.			
STREET ADDRESS			4.3.STHEET ACORESS					
CITY - ST - 71P			4.4 Cifir - ST - ZIP					
TATLE		DELETE	5 1 fille		Change Addition			
NAME		_	5.2 NAME	4000019				
STREET ADDRESS			5.3 STREET ADDRESS	40000184 -05/28/96010 ***200,00	n37n25			
CITY-ST-ZIP			54 City St-Z-P	***200.00				
TITLE		DEL ETE	6 : 1:ILE	best per feet all their	Change Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STHEET ADDRESS		$\sim \omega$			
CITY OF TIE					1/7/			

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 furnished 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 other 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 13 if changed, or on an attachment with an address.

SIGNATURE:

MAUSHAD IMAM MOHAMHED

04/24/96 (305)274-3979