

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000095671 (0)
 1. Corporation Name

MEDINA HALAL MEAT INC.



Principal Place of Business: **6660 WEST 13TH AVENUE HIALEAH FL 33012**
 Mailing Address: **6660 WEST 13TH AVENUE HIALEAH FL 33012**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 5018 W. 12TH AVE.	26. SAME	12/19/1995	
22. #18	27. Suite, Apt #, etc.	4. FEI Number	Applied For
23. HIALEAH, FL	28. F	65-0637224	<input type="checkbox"/> Not Applicable
24. 33012	29. FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30. FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAJEED, ABDUL 6660 WEST 13TH AVENUE HIALEAH FL 33012		5018 W. 12TH AVE #18 HIALEAH, FL 33012	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
	PD MAJEED, ABDUL C/O 6660 WEST 13TH AVENUE HIALEAH FL 33012	12. NAME	
	VD AKHTAR, NAVEED C/O 6660 WEST 13TH AVENUE HIALEAH FL 33012	13. STREET ADDRESS	
	SD JABBAR, ABDUL C/O 6660 WEST 13TH AVENUE HIALEAH FL 33012	14. CITY - ST - ZIP	
		21. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		22. NAME	
		23. STREET ADDRESS	
		24. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		31. TITLE	
		32. NAME	
		33. STREET ADDRESS	
		34. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		41. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		51. TITLE	
		52. NAME	
		53. STREET ADDRESS	
		54. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		61. TITLE	
		62. NAME	
		63. STREET ADDRESS	
		64. CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] (ABDUL MAJEED) PRESIDENT 6/22/96 558 3402

CR2E034 (3/96)