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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000021 (1)

DUHMAN, INC.

| 10851 CARRIBEAN BLVD. CULER RIDGE FL 33189 | 10851 CARRIBEAN BLYD. CULER RIDGE FL 33189-1203 | |
|---|--|--|
| Principal Place of Business | Mailing Address | |

FILED May 05 1997 8:00am Secretary of State



| Principal Place of Bu | ısiness | Mailing Ad | dress | | | | 1 | | **** **** *** | e, |
|---|---|--|------------------------------|---------------------------|----------------|--|--|-------------------------|---------------|----------------|
| 10851 CARRIBEAN BL CULER RIDGE FL 32 | 10851 CARRIBEAN BLVD. CULER RIDGE FL 33189-1203 | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 12/29/1995 | | te of Last I 17/1996 | Report | |
| 2. Principal Place of | Business | 2a. Mailing | Address | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | | | 65-0665237 | | | lot Applicable |
| Suite, Apt #, etc | | Suite, A | pt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | | | | | b. Certificate of Status Desireo | <u></u> | Fee R | lequired |
| City & State | | City & S | State | | | | 6. Election Campaign Financing | _ | \$5.00 | May Be |
| 23 | | 28 | | <u>,</u> | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | Zip | | | intry | | 8. This corporation has liability for i | | | s. 199.032, |
| 24 | 25 | 29 | | 30 | | | | Yes _ | <u> </u> | |
| ···· | Name and Address of Currer | it Registered Ag | gent | | 44 | A1 | 10. Name and Address of New Re | gistered # | gent | |
| | , ABDULRAHMAN | | | | 81 | Name | | | | |
| | irribean blvd. | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | ole) | | |
| CUTLER F | RIDGE FL 33125 | | | | Ш | | | | | |
| | | | | | 83 | | | | | |
| | | | | | 84 | City | | | 65 Zip | Code |
| | | | | | اتا | City | | FL | 05 LIP | 0000 |
| office or register agent I am fami | ed agent, or both, in the State iliar with, and accept the oblig | of Florida. Such ations of, Section | change was n 607.0505, Fi | authorized forida Stat | d by lutes. | the corporal | poration submits this statement for the p tion's board of directors. I hereby accep | ot the ap po | ointment a | s registered |
| | e, typed or printed name of registered age | | e (NO | | d Ager | nt signature requ | red when reinstating) | DATÉ | | |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| TITLE D | | | ☐ DELETE | 1.1 1 | TLE | | | | Change | Addition |
| | HDAN, ABDULRAMAN | | | 1.2 N/ | AME | | | | | |
| | 51 CARRIBEAN BLVD. | | | 1.3 \$1 | REET A | ADDRESS | | | | |
| 01,7, 0,7 2,7 | TLER RIDGE FL 33125 | | | 1.4 CI | TY-SI | - ZIP | | , | | |
| TITLE VPS | - | | ☐ DELETE | 2.1 11 | TLE | | | | Change | Addition |
| | rini, zakria | | | 2.2 N/ | ame | | | | | |
| | 51 CARRIBEAN BLVD. | | | 2.3 ST | TREET A | ADORESS | | | | |
| CITY-ST-ZIP CUT | TLER RIDGE FL 33125 | | | 2.4 C | ITY-Ş | T-ZIP | | | | |
| 101/E | | | DELETE | 3.1 TI | TLE | | | | Change | Addition |
| NAME | | | | 3.2 N/ | AME | | | | | |
| STREET ADDRESS | | | | 3.3 S1 | TREET A | address | | | | |
| CHY-\$1-20P | | | | 3.4. C | ITY-\$ | T-ZIP | | | | |
| TIFLE | | | DELETE | 4.1 Ti | TLE | | | | ☐ Change | Addition |
| NAME | | | | 4. 2 N | AME | | | | | |
| STREET ADDRESS | | | | 4.3 S1 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 C | TY-ST | r- ZIP | | | | |
| TITLE | | | DELETE | 5.1 7(| | | *** | | ☐ Change | Addition |
| NAME | | | | 5.2 N | AME | 1 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | ITY-\$1 | | | | | |
| TITLE | | | DELETE | 61 Ti | | 271 | | | ☐ Change | Addition |
| NAME | | | | 62 N | | | | | — · • | |
| 1 | | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY - ST - ZIP | | | | ■ 64 CI | IZ - YTI | - AP | | | | |

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: ABDulrahman