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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000019633 (2)

1. Corporation Name
MOHSIN, INC.

Principal Place of Business

2415 NORTH MONROE ST., #2130
TALLAHASSEE FL 32303

Mailing Address

POST OFFICE BOX 37054
TALLAHASSEE FL 32315-7054



3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

4. FEI Number

59-3365003

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ALI USMAN
280 JOHN KNOX ROAD, #119 641 Fulton Rd #89
TALLAHASSEE FL 32303 Tallahassee FL 32312

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE USMAN ALI (PRESIDENT) DELETE

NAME PO BOX 37054 (THARP ST)

STREET ADDRESS TALLAHASSEE FL 32315

CITY-ST-ZIP

TITLE V.P. DELETE

NAME MOHSIN ALI

STREET ADDRESS PO BOX 37054 (THARP ST)

CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Change Addition

1.2 NAME Usman Ali

1.3 STREET ADDRESS 641 Fulton Rd #89

1.4 CITY-ST-ZIP Tallahassee FL 32312

2.1 TITLE V.P. Change Addition

2.2 NAME Mohsin Ali

2.3 STREET ADDRESS 1767 Hermitage Blvd #2304

2.4 CITY-ST-ZIP Tallahassee FL 32303

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: USMAN ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (904) 553-4873

Date Daytime Phone #