## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

THTLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name P96000030846 (5)

	EAL ESTATE HULUINGS, IN				
Principal Place of Business Mailing Address				I INDIVIDUE IN INSIDERATION OF THE ENTREMEDIAL PRINCES	inti Beiet fein diele bin 1861
2675 SW 69TH COURT 14211 SW 21ST TERRACE MIAMI FL 33155 MIAMI FL 33175				DO MOTAWDITE IN THE	0.001.05
US				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	04/03/1996 4. FEI Number	Applied For
21	lade of Educations		5.W.16 ST.	65-0663269	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	2 10.70 31		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	81.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29 33/75	Country 30 USA	This corporation owes or has paid the c Personal Property Tax due June 30.	current year Intangible
				10. Name and Address of New Registered Agent	
MOUSSAWEL, MAHMOUD 81 Name					
				dress (P.O. Box Number is Not Acceptable)	
				tress (P.O. Box Number is Not Acceptable)	
83					
			84 City	iami F	L 85 Zip Code
I office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	utes, the above-named consultation	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing its registered ppointment as registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·			<u> </u>
12.	Signature, typed or printed name of registered agen OFFICERS AND		OTE. Registered Agent signature requ	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIDECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE	ADDITIONO/OFFICIAL TO OFFICE A	Change Addition
NAME	MOUSSAWEL, MAHMOUD H	_ :		_	
STREET ADDRESS	14211 SW 21ST TERRACE		1.3 STREET ADDRESS	14050 S.W. 16 ST.	
CITY-ST-ZIP	MIAMI FL 33175		1.4 City - ST-ZIP	•	
TITLE	Ď	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOUSSAWEL, DORA		2.2 NAME	4050 S.W. 16 ST.	
STREET ADDRESS	44211-0W-21ST TERRACE		2.3 STREET ADDRESS	4050 5.00.16 51.	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
I NAME !			4 2 NAME		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

☐ Addition

☐ Addition

**FILED** 

Mar 02 1998 8:00am

Secretary of State