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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000032967 (7)

1. Corporation Name
SHEERAZ TRADING CORP.



Principal Place of Business
~~786 SO. FEDERAL HIGHWAY
DANIA FL 33004~~

Mailing Address
~~786 SO. FEDERAL HIGHWAY
DANIA FL 33004-4314~~

3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
4. FEI Number 65-0674347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 7320 SouthGate Blvd. Suite, Apt. #, etc.	26 7320 SouthGate Blvd. Suite, Apt. #, etc.
22 City & State 23 North Lauderdale - Fl.	27 City & State 28 North Lauderdale - Fl.
24 33068 25 Country	29 33068 30 Country

9. Name and Address of Current Registered Agent
ALI, SHEERAZ
999 NE 187TH STREET APT 409
NO MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent	
B1 Name ALI, SHEERAZ	B2 Street Address (P.O. Box Number is Not Acceptable) 7320 South Gate Blvd.
B3 City North Lauderdale	B4 State FL
B5 Zip Code 33068	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	ALI, SHEERAZ	
STREET ADDRESS	999 NE 187TH ST APT 409 NO MIAMI BEACH FL 33162	
CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/>
NAME	LALANI, ANIS	
STREET ADDRESS	999 NE 187TH ST APT 409 NO MIAMI BEACH FL 33162	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	7320 South Gate Blvd.		
1.4 CITY - ST - ZIP	North Lauderdale - Fl. 33068		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	7320 South Gate Blvd.		
2.4 CITY - ST - ZIP	North Lauderdale - Fl. 33068		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: ALI SHEERAZ 1-29-97 (954) 720-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)