FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT .1997

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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000063427

1. Corporation Name
HOBROS CORP.

Principal Place of Business	Mailing Address
10960 SW 15 ST #209 PEMBROKE PINES FL 33025	10960 SW 15 ST #209 PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified: JULY 29, 1996
3a. Date of Last Report:

2. Principal Place of Business
21: 10960 SW 15 ST
Suite, Apt. #, etc.
22: 209
City & State
23: PEMBROKE PINES, FL
Zip: 24: 33025
Country: 25: U.S.A

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 65-0684744 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: PHILIP E. BAKER
82 Street Address (P.O. Box Number is Not Acceptable): 14405 SW 143RD COURT
83:
84 City: MIAMI FL 85 Zip Code: 33186

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: Philip E Baker — 4-29-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAMRUZ HOSEIN		1.2 NAME	
STREET ADDRESS	10960 SW 15 ST #209		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANSAR HOSEIN		2.2 NAME	
STREET ADDRESS	10960 SW 15 ST #209		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AZAM HOSEIN		3.2 NAME	
STREET ADDRESS	10960 SW 15 ST #209		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AZAM HOSEIN		4.2 NAME	
STREET ADDRESS	10960 SW 15 ST #209		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***165.00

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: KAMRUZ HOSEIN — 4/27/97 — 954 437 5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0161384