

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000063427 (4)  
1. Corporation Name  
HOBROS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10980 SW 15 ST 209 PEMBROKE PINES FL 33025		Mailing Address 10980 SW 15 ST 209 PEMBROKE PINES FL 33025	
2. Principal Place of Business 21 5020 SW 122 TERR Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 23 COOPER CITY, FL Zip 24 33330 Country 25 BROWARD	
3. Date Incorporated or Qualified 07/29/1996		4. FEI Number 65-0684744	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BAKER, PHILIP E 14405 SW 143 RD COURT MIAMI FL 33186		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 4-19-98  
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 NAME STREET ADDRESS CITY-ST-ZIP	P HOSEIN, KAMRUZ 10980 SW 15 ST #209 PEMBROKE PINES FL 33025	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P HOSEIN, KAMRUZ 5020 SW 122 TERR. COOPER CITY - FL - 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSEIN, ANSAR M 10980 SW 15 ST #209 PEMBROKE PINES FL 33025	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP HOSEIN, ANSAR M 5020 SW 122 TERR. COOPER CITY - FL - 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSEIN, AZAM M 10980 SW 15 ST #209 PEMBROKE PINES FL 33025	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S HOSEIN, AZAM M 5020 SW 122 TERR. COOPER CITY - FL - 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSEIN, AZAM 10980 SW 15 ST #209 PEMBROKE PINES FL 33025	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T HOSEIN, AZAM M 5020 SW 122 TERR. COOPER CITY - FL - 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KAMRUZ HOSEIN 4/11/98 994252988

CR2E034 (10/97)