

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

173.75

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT STATE Sandra B. Moim Secretary of S DIVISION OF CORPORATIONS

DOCUMENT # P96000077605 (9)

1. Corporation Name
YUSRI HAMAD INC.



Principal Place of Business 6314 NW 28TH ST SUNRISE FL 33313	Mailing Address 6314 NW 28TH ST SUNRISE FL 33313-2204
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0704042		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Ctry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HAMAD, YUSRI 6314 NW 28TH ST SUNRISE FL 33313				10. Name and Address of New Registered Agent			
81 Name JAMIL Mustafa				82 Street Address (P.O. Box Number is Not Acceptable) 6475 W. Oakland Park Blvd.			
83 APT. #301				84 City Lauderhill			
				85 FL		86 Zip Code 33313	

19. 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 **JAMIL Mustafa** **Yusri Hamad** **6-11-97**
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 P.D. <input type="checkbox"/> DELETE				1.1 NAME S+M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME HAMAD, YUSRI				1.2 NAME Jamil Mustafa			
STREET ADDRESS 6314 NW 28TH ST				1.3 STREET ADDRESS 6475 W. Oakland Park Blvd.			
CITY-ST-ZIP SUNRISE FL 33313				1.4 CITY-ST-ZIP Lauderhill, FL 33313			
TITLE <input type="checkbox"/> DELETE				2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

200002218342
-06/20/97--01053--017
*****173.75**

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: **Yusri Hamad**

8-26-97 (954) 4673

CR2E034 (9/96)