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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000080244 (2)

1. Corporation Name
TABEENA, INC.



Principal Place of Business

3899 N.W. 7TH STREET, SUITE 203
MIAMI FL 33126

Mailing Address

3899 N.W. 7TH STREET, SUITE 203
MIAMI FL 33126-5551

3. Date Incorporated or Qualified

09/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 13690 S.W. 268 St
Suite, Apt. #, etc.

2a. Mailing Address

26 13690 S.W. 268 St
Suite, Apt. #, etc.

4. FEI Number

65-0704762

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

22 City & State
MIAMI FL
Zip Country

27 City & State
MIAMI FL
Zip Country

24 33032 25 DADE

29 33032 30 DADE

9. Name and Address of Current Registered Agent

IQBAL, MOHAMMAD
3899 N.W. 7TH STREET, SUITE 203
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME IQBAL, MOHAMMAD
STREET ADDRESS 3899 N.W. 7TH STREET, SUITE 203
CITY-ST-ZIP MIAMI FL 33126

TITLE SECRETARY
NAME TANVEER A. HASSAM
STREET ADDRESS 11890 S.W. 2205
CITY-ST-ZIP MIAMI, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY
1.2 NAME TANVEER A. HASSAM
1.3 STREET ADDRESS 11890 S.W. 2205
1.4 CITY-ST-ZIP MIAMI, FL 33170

2.1 TITLE ELENA BAKER / SECRETARY
2.2 NAME
2.3 STREET ADDRESS 11890 S.W. 2205
2.4 CITY-ST-ZIP MIAMI, FL 33170

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-257-3927

Daytime Phone #

CR2E034 (9/96)