## 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

DOCUMENT # P96000082386

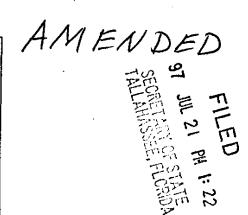
KABAR, INC.

Principal Place of Business

PICALATLIDE

Mailing Address

6600 N.W. 22nd AVENUE



	MIAMI, FI	ORIDA	33147	7							
	·							3. Date Incorporated or Qualified	3a. Date of L	ast Report	
								Oct.7, 1996	FEB.	18/97	
2.	Principal Place of Busi		2a. Mailing Address				4. FEI Number		Applied For		
21		2	26				05-0700425	5	Not Applicable		
22	Suite, Apt. #, etc.		2	Suite, Apt. #, etc.				Certificate of Status Desired     See Required     See Required			
23	City & State			City & State				Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
24	Zip	Country 25	2	Zip 9	30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax un Yes \[ \] No	der s. 199.032,	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
	RUSSELL, PATRICK ESQ					81	Name				
٠,	201 WEST FLAGLER STRE MIAMI, FLORIDA 3213					82					
					83				-		
						84	City		FL 85	Zip Code	
11	<ul> <li>Pursuant to the provis office or registered ac</li> </ul>	ions of Sections 6 gent, or both, in the	07.0502 and State of Flo	607.1508, Flor orida, Such cha	ida Statutes, the nge was author	abov zed by	named corpor	rporation submits this statement for the pu ation's board of directors. I hereby accept	irpose of chang the appointme	ing its registered at as registered	

agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

SIGNATIONE	Signature, typod or printed hame of registered agent and title if applicable (NOTE:	Registered Agent alguature required when reinstating)  DATE
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE XX DELETE	1.1 TITLE PSTD RADEF, FAYEZ Change & Addition
NAME	PSTD	12 NAME 850 W. 49th STREET -SUITE 501
STREET ADDRESS	KABAR, MOHAMMAD	
CITY - ST - ZIP	20 N.W. 203rd TERRACE #83	HIALEAH, FL. 33012
TITLE	MIAMI, FL. 33169 DELETE	2.1 TITLE Change Addition
NAME	33103	1000022585714
STREET ADDRESS		23 STREET ADDRESS -08/05/9701097002
CITY-ST-ZIP		
TITLE	☐ DELETE	2.4 City-St-7iP
NAME		32 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3.4. CITY-ST-ZIP
TITLE	DELETE	4 1 TITLE Change Addition
NAME		4. 2 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		4.4 CHTY - S1 - ZIP
TITLE	DILETE	5.1 Till£ Change Addition
NAME	•	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-2IP
TITLE	DELETE	6.1 TITLE Change Addition
NAME		62 NAME
STREET ADDRESS	•	6.3 STREET ADDRESS
CITY - ST - ZIP		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 15 if charged, or on an attachment with an address.

SIGNATURE:

305-836-06/2