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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000088385 (5)

FAIZA INCORPORATED

Principal Place of Business	Mailing Address		
12420 NE 6TH AVENUE	12420 NE 6TH AVENUE		
NO MIAMI FL 33161	NO MIAMI FL 33161		

FILED Apr 24 1998 8:00am Secretary of State

Principal Pla	ace of Business	Mailing Address		t sodilber ind imist diffi odili odili barit berit berit telat (diso ilibi idili seli seli	
		12420 NE 6TH AVENU NO MIAMI FL 33161	E	DO NOT WRITE IN THIS SPACE	
·				3. Date Incorporated or Qualified	\neg
				10/25/1996	
2. Principal	Place of Business	2a. Mailing Address	····	4. FEI Number Applied For	┨
21		26		65-0704314 Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		S8 75 Additional	٦
22		27		5. Certificate of Status Desired Fee Required	1
City & Sta	ate	City & State		6. Election Campaign Financing \$5.00 May Be	٦
23		28		Trust Fund Contribution Added to Fees	-
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible	٦
24	25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	╛
	iansuri, rafik		81 Name		
	2420 NE 6TH AVENUE		82 Street A	Address (P.O. Box Number is Not Acceptable)	┥
N	O MIAMI FL 33161				
			83		
			84 City	85 Zip Code	-
44 5				FL `	
office or	it to the provisions of Sections 607.05 Fregistered agent, or both, in the Stat	i02 and 607.1508, Florida Stat e of Florida. Such change wa	tutes, the above-named on is authorized by the coro	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.	r Ar on	1
SIGNATURE			IOTE: Registered Agent signature n	required when reinstating DATE	1
12.	Signature, typed or printed name of registered as	gerd and tille if applicable (N ND DIRECTORS	IOTE: Registered Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AF	DELETE	1.1 TITLE	Change Addition	4
NAME	MANSURI, RAFIK	and second	1.2 NAME	C. Cushido C. Vaquitor	- 13
STREET ADDRESS	40.444.415.454.41.544.41				3
	NO MIAMI FL 33161-5516		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	140 MIAMI 1 E 33101-3310	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	☐ Change ☐ Addition	- }
NAME			2 2 NAME	C origing C Addition]
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-7IP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	+
NAME			3.2 NAME	E Grinde E Rudnich	
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	_ Ondrigo _ Noticon	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	-
NAME			5.2 NAME	Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CAY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	\dashv
NAME	₹		6.2 NAME	Change Addition	
STREET ADORESS	:		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
. OH1-01-5K	1		■ 0.9 DH (*31 - ZIP		1

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

DIMorge al