

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90030 005 \*\*\*150.00

DOCUMENT # P96000096509

1. Corporation Name  
AL-ABBOAD CORP.

Principal Place of Business

500 N.W. 36TH ST.  
MIAMI FL 33127

Mailing Address

980 N.W. 36TH ST.  
MIAMI FL 33127



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

65-0716521

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2100 N.W. 36TH ST.

2a. Mailing Address

26 2100 N.W. 36TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI - FL.

City & State

28 MIAMI - FL.

Zip

24 33142

Country

25 U.S.A.

Zip

29 33142

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AL-MANASIR, MOH'D  
980 N.W. 36TH ST.  
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name SAOUD AL-ABBOAD

82 Street Address (P.O. Box Number is Not Acceptable)  
2100 N.W. 36TH ST.

83

84 City

MIAMI

FL

85 Zip Code

33142

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

03/08/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AL-MANASIR, MOH'D

STREET ADDRESS 980 N.W. 36TH ST.

CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T.S.D. ☒ Change ☐ Addition

1.2 NAME AL-MANASIR MOH'D

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME SAOUD AL-ABBOAD

2.3 STREET ADDRESS 2100 N.W. 36TH ST.

2.4 CITY-ST-ZIP MIAMI - FL 33142

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/99

Date

Daytime Phone #

CR2E034 (11/98)