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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

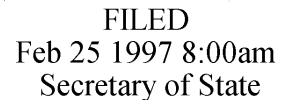
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102355 (0)

MONA, INC.

Principal	Place	of Bu	siness

Mailing Address





HOLLYWOOD F		5191 SHERIDAN ST HOLLYWOOD FL 3300	21-2832					
					3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last R	leport	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar Ar	oplied For	
21		26			65-00619	99 No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc	·····		5. Certificate of Status Desired	\$8.75	Additional equired	
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be to Fees	
Zιρ	Country	Zip	Count	у	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	·		Yes No		
Far	9, Name and Address of (Current Registered Agent	8	1 Name	10. Name and Address of New Reg	islered Agent		
	RY, MICHAEL R	ACTICATED CLASS	•	INAME			İ	
	4875 NO FEDERAL HIGHWAY SEVENTH FLOOR			82 Street Address (P.O. Box Number is Not Acceptable)				
FUR	T LAUDERDALE FL 33308		l _B	1				
			۱۳	" '			ļ	
			8	City		FL 85 Zip (Code	
11. Pursuant	to the provisions of Sections 6	07 0502 and 607 1508. Florida 9	Statutes the sho	Janamed corn	oration submits this statement for the pu	anaan al ahanalan k	to registered	
office or r agent I a	registered agent or both, in the aim familiar with, and accept the	e State of Florida. Such change e obligations of, Section 607.050	was authorized l 5, Florida Statut	by the corporations.	ion's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE	Signature, typed or printed name of regist		Alake 6					
12.		RS AND DIRECTORS	(NOTE: Registered A	gent signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	2C IN 10	
TITLE	PD	DELET			ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	HASSAN, NOURI	<u></u>	1.2 NAME			Cital Succession		
STREET ADDRESS	5191 SHERIDAN ST		1	T ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL 33021		1.4 CITY-				ļ	
TITLE	STD	DELET			:	Change	Addition	
NAMÉ	HASSAN, KARMEH		2.2 NAMI					
STREET ADDRESS	5191 SHERIDAN ST		2.3 STRE	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY					
TITLE	VD	☐ OELET		······································		Change	Addition	
NAME	HASSAN, ALI		3.2 NAMI					
STREET ADDRESS	5191 SHERIDAN ST		3.3 STRE	T ADDRESS	·			
CITY - ST - ZIP	HOLLYWOOD FL 33021		3.4. CITY	-ST-ZIP			_ , _ [
TITLE		☐ DELET	E 4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STAE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELET	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS	•		5.3 STREE	T ADDRESS	•			
CITY-\$1-ZIP			5.4 City	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELET	E 6.1 TITLE			Change	Addition	
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				
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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 empremental to secute 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: