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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000096206

1. Corporation Name
NABALA INVESTMENTS, INC.



Principal Place of Business: 8225 NW 191ST ST #37-D HIALEAH FL 33015-5304
 Mailing Address: 8225 NW 191ST ST #37-D HIALEAH FL 33015-5304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1998
 4. FEI Number: 65-0875766
 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: 21 695 N.W. 46 ST
 Suite, Apt. #, etc.: 22
 City & State: 23 Miami FL
 Zip: 24 33127-2341 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 SHATAT, MAHMOUD
 645 IVES DAIRY RD #417-3
 N MIAMI BEACH FL 33179-5488

10. Name and Address of New Registered Agent
 81 Name: HUSSEIN M. MUBARAK
 82 Street Address (P.O. Box Number is Not Acceptable): 645 IVES DAIRY RD # 417-3
 83
 84 City: N. Miami Beach FL 85 Zip Code: 33179-5488

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	SHATAT, MAHMOUD	1.1 TITLE:	
NAME:	SHATAT, MAHMOUD	1.2 NAME:	
STREET ADDRESS:	645 IVES DAIRY RD #417-3	1.3 STREET ADDRESS:	
CITY-ST-ZIP:	N MIAMI BEACH FL 33179-5488	1.4 CITY-ST-ZIP:	
TITLE:	VTD	2.1 TITLE:	P/S/D
NAME:	MUBARAK, HUSSEIN M	2.2 NAME:	
STREET ADDRESS:	645 IVES DAIRY RD #417-3	2.3 STREET ADDRESS:	
CITY-ST-ZIP:	N MIAMI BEACH FL 33179-5488	2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	V/T/D
NAME:		3.2 NAME:	FATIMA SHATAT
STREET ADDRESS:		3.3 STREET ADDRESS:	645 IVES DAIRY RD # 417-3
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	N. MIAMI BEACH, FL 33179-5488
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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] HUSSEIN M. MUBARAK Director Date: 02/12/99 (305) 258-4028

CR2E034 (1/98)