DOCUMENT # P99000023153

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 2:14

1. Entity Name

ABBASI EXPORT AND DISTRIBUTING GROUP, INC.

Principal Place of Business	Mailing Address
284 ALLENS RIDGE Drive E. PALM HARBOR FL 34683	284 ALLENS RIDGE Drive E. PALM HARBOR FL 34683-4803

951931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
284 Allens Ridge DR. E.	284 Allens Ridge DR E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL.	City & State: Palm Harbor, FL.
Zip: 34683 Country: USA	Zip: 34683 Country: USA

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABBASI, MONI 284 ALLENS RIDGE PALM HARBOR FL 34683	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. *Election Campaign Financing Trust Fund Contribution.* [ ] **$5.00** *May Be* Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBASI, HIDI 284 ALLENS RIDGE PALM HARBOR FL 34683	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ABBASI, Hidi 284 Allens Ridge DR E.	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABBASI, MONI 284 ALLENS RIDGE PALM HARBOR FL 34683	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MONI ABBASI 4-21-00 784 0099 727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE: Filing Agent REQUIRED 4-20-00 863 767-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #