**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
MAHERNGAR, INC.

DOCUMENT # S14101 (7)

Mailing Address
2881 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312

Principal Place of Business
2881 WEST BROWARD BLVD.
FT. LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1990
3a. Date of Last Report: 04/22/1993

2. Mailing Address
21 2881 W Broward Blvd
Suite, Apt. #, etc.
22 2
City & State
23 Fort Lauderdale
Zip 24 33312 County 25

2a. Principal Place of Business
26 2881 W Broward Blvd
Suite, Apt. #, etc.
27
City & State
28 Fort Lauderdale
Zip 29 33312 County 30

4. FEI Number: 65-0229591 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZUBARI, MIRZAA AL
2881 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: MRRAIS ANDRE
82 Street Address (P.O. Box Number is Not Acceptable): 5331 Cedar Cakes Rd.
83 APT 11-16
84 City: Boynton BEACH FL 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 7/04/95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | D | 11 TITLE | |
| 12 NAME | MAMUN, MIRZA AL | 12 NAME | |
| 13 STREET ADDRESS | 2881 WEST BROWARD BLVD. | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | FT. LAUDERDALE FL | 14 CITY-ST-ZIP | 000001540030 -07/18/95--01075--007 ****225.00 ****225.00 |
| 21 TITLE | D | 21 TITLE | |
| 22 NAME | ZUBARI, MIRZA AL | 22 NAME | |
| 23 STREET ADDRESS | 2881 WEST BROWARD BLVD. | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | |
| 31 TITLE | D | 31 TITLE | |
| 32 NAME | MIRZA AL-MASUD | 32 NAME | |
| 33 STREET ADDRESS | 2881 West Broward Blvd | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | Ft. Lauderdale | 34 CITY-ST-ZIP | |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning and limited properly imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 07/04/95 (305) 291-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)