


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90183 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S81907

1. Corporation Name
AL-JUMAA, INC.



Principal Place of Business 5111 PINE TREE DR P.O. BOX 2011 HOLLYWOOD FL 33022	Mailing Address 5111 PINE TREE DR P.O. BOX 2011 HOLLYWOOD FL 33022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 6915 Red Road,	26 6915 Red Road			09/20/1991	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		Applied For	
22 220	27 220	65-0246631		Not Applicable	
City & State	City & State	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Coral Gables, FL	28 Coral Gables, FL	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip Country	Zip Country	8. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33143 25 USA	29 33143 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUKKAIR, MAZEN M. 2435 HOLLYWOOD BLVD #202 HOLLYWOOD FL 33020				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Coral Gables, FL 33143			

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 Toni H. Alam, C.P.A. DATE 4/30/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKKAR, MAZEN	1.2 NAME	
STREET ADDRESS	2432 HOLLYWOOD BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSI, T A	2.2 NAME	
STREET ADDRESS	5111 PINETREE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33140	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Toni H. Alam, C.P.A.
STREET ADDRESS		3.3 STREET ADDRESS	6915 Red Road, Suite 220
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Toni H. Alam, C.P.A. DATE 4/30/99 DAYTIME PHONE # 305-663-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)