


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **S92216** (8)
1. Corporation Name
RAFIK ZARIFA, INC.



Principal Place of Business 2236 UNIVERSITY DR CORAL SPRINGS FL 33071 US	Mailing Address 2236 UNIVERSITY DR CORAL SPRINGS FL 33071 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1991	
21		26		4. FEI Number 65-0316242	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

**BURRIE, CHARLOTTE J.
2125 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IBRAHIM, KAMAL G	12 NAME	
STREET ADDRESS	17987 HAMPSHIRE LANE	13 STREET ADDRESS	17947 HAMPSHIRE LANE
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	DVP	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARIFA, LILIANE K G	22 NAME	
STREET ADDRESS	19357 LOST OAKS LANE	23 STREET ADDRESS	BOCA RATON FL 33498
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARIFA, NAGUI R	32 NAME	
STREET ADDRESS	19357 LOST OAKS LANE	33 STREET ADDRESS	BOCA RATON FL 33498
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE:

NAGUI R. ZARIFA

1/10/98

954-753-4653

CR2E034 (10/97)