SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V36146** **(1)**

1. Corporation Name

FIRST ARABIAN FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
6555 N.W. 36TH STREET, STE. 300 MIAMI FL 33166	6555 N.W. 36TH STREET, STE. 300 MIAMI FL 33166

3. Date Incorporated or Qualified: **05/11/1992**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0367219** ☐ 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

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

9. Name and Address of Current Registered Agent

DIAMOND, ALBERT ESQUIRE
444 BRICKEL AVE., STE. 1000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: Y (Signature, Type or Print Name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required if name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MAHABIR, WINSTON		12 NAME	
STREET ADDRESS	10330 LAUDER AVE. EDMONTON ALBERTA		13 STREET ADDRESS	
CITY-ST-ZIP	EDMONTON ALBERTA CANADA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	NAUTH, GRACE		22 NAME	
STREET ADDRESS	109 MUSWELL AVE.		23 STREET ADDRESS	
CITY-ST-ZIP	MUSWELL HILL LONDON ENGLAND		24 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ALKHALIFA, RAFAIY		32 NAME	
STREET ADDRESS	444 BRICKELL AVE.		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, WILHELM		42 NAME	
STREET ADDRESS	11 HIRSCHSTRASSE		43 STREET ADDRESS	
CITY-ST-ZIP	STUTTGART GERMANY		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	IBN, SABER ALI		52 NAME	
STREET ADDRESS	10 ALBERT HALL MANSIONS		53 STREET ADDRESS	
CITY-ST-ZIP	LONGDON ENGLAND SW8		54 CITY-ST-ZIP	
TITLE	ZABIDA HABIN	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	6501 NW 36 ST #100		62 NAME	
STREET ADDRESS	MIAMI, FL 33166		63 STREET ADDRESS	
CITY-ST-ZIP	PRES/SEC TRES.		64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/17/96 305-871-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number