

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

FILED
May 04 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 # V36146 (1)
1. Corporation Name
FIRST ARABIAN FINANCIAL CORPORATION



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0367219	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

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 RAFAEL LIBRETA
82 Street Address (P.O. Box Number is Not Acceptable)
6555 NW 36TH STREET
83 SUITE 302
84 City MIAMI FL 85 Zip Code 33166

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHABIR, WINSTON	1.2 NAME	
STREET ADDRESS	10330 LAUDER AVE. EDMONTON ALBERTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDMONTON ALBERTA CANADA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUTH, GRACE	2.2 NAME	
STREET ADDRESS	109 MUSWELL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MUSWELL HILL LONDON ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, WILHELM	3.2 NAME	
STREET ADDRESS	11 HIRSCHSTRASSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUTTGART GERMANY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBN, SABER ALI	4.2 NAME	
STREET ADDRESS	10 ALBERT HALL MANSIONS	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON ENGLAND SW8	4.4 CITY-ST-ZIP	
TITLE	PST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIN, ZABIDA	5.2 NAME	
STREET ADDRESS	6501 N.W. 36TH ST. #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: *[Signature]*

4/17/98

CR2E034 (10/97)