FILE	NOW: FII	LING FEE A	FTER MAY 1 IS	\$225.00			•
····	ROFIT	(J. 190)	FLORIDA DEPART				
CORPORATION			A.	Sandra B. Mortham			
ANNUA	ANNUAL REPORT Secretary						
19	996	S STATE OF THE STA	DIVISION OF CO	ORPORATIONS			
DOCUM 1. Corporation N	IENT #	V54270	(6)				J
RSR YO	GURT, INC.					1 (88) BIJER GUN BIRIS 1811 1861) Adam dalam dadah dalam dalam dalam dalam 1886; 1886;
Principal Place of	f Business		Mailing Address			i indii deidar deire gibib alati redir	Måli Billis Billit Billit Billit Billit Billit åram inne.
-1900 GLADES	ROAD		1900 GLADES ROAD		ĺ		
SUITE 355 BOCA RATON FL 33431			SUITE 355 BOCK RATON-FL 33431			Control of Orolliford	3a. Date of Last Report
		ITARY TEL.	2911-A N.	MILITARY TA	مدا م	Date Incorporated or Qualified 07/30/1992	02/27/1995
いでる 2. Principal Place	<u></u>	<u>८ ३३५०५</u>	2a. Mailing Addreas	PL 3346	_1_	4. FEI Number	Applied For
$\frac{2}{21}$ $29/4$	NMI	(tan Taul		MITARY 1.	191	/ 65-0348775	Not Applicable
Suite, Apt. #,	etc.		Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	5 C F	- ^	City & State	E',		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	, 052	C. ountry	28 W P B	Country		Trust Fund Contribution 8. This corporation has liability for	
71p 24 334	08 25	P. B.	29 33409	30 P.B		Florida Statutes	. □No
	g. Name and	Address of Current I	Registered Agent	81 Nagre		10. Name and Address of New F	legistered Agent
				l net	0	HAMMAD M	assite a A
SCIARRETTA & SCHNER, P.A. 1900 GLADES ROAD, SUITE 355						ss (P.O. Box Number is Not Acceptat	PARY TRAIL
BOCA-RA			B3				
0007112				84 City		.	FL 85 Zip Code
		007.0500	ad CO7 1509 Florida Statutes	the above-named cor		tion submits this statement for the pu	more of changing its registered office
			nd 607, 1906, Florida Statutes . Such change was authorized n 607,0505, Florida Statutes	d by the corporation's b	board	tion submits this statement for the policy of directors. I hereby accept the app	cointment as registered agent. I am
SIGNATURE >		<i>ii</i> 5	>(0)1000; Nond office	MoHAMA	MI	AD HOSSAIN	DATE 4/12/96
	Signature, typed or printe	nd name of registered agent ar		E Rugistered Agent signature rer	equired v	when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
12.	D	OFFICERS AND	DELETE	1.1 TITLE	Ľ	>	Change Addition
NAME	MOFAZZAL.	BEGUM		12 NAME	Ms	EBZZAL BEGGI	4
STREET ADDRESS	1900 GLADE	S RD √355		1.3 STREET ADDRESS	7		LEI 33404
CiTY-ST-ZIP	BOCA-RATO	N FL	☐ DELETE	1.4 C(TY - ST - 2(P 2 1 TITLE		16ST PALM BENC	Change ☐ Addition
TITLE				2 2 NAME	M	RES YDIR.	0 65414
NAME STREET ADDRESS				2 3 STREET ADDRESS	2	911 A N MILTA	INSTRAIL
CITY - ST - ZIP				2 4 CITY - \$1 - ZIP	U	UPB FL 334	Change Addition
TITLE			☐ DELETE	3. 1 TITLE	1	OHAMMAD HO 911 A N MILTA SP F L 334 SECTION	i Q Change Modition
NAME				3.2 NAME 3.3 STREET ADDRESS	·	2911-A N. MILI	TARY TRL.
STREET ADDRESS				3.4 CITY - ST - ZIP	1		1 33409 Addition
CITY-ST-ZIP			☐ DELETE	4. 1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZiP	ļ		DELETE	4.4 CITY - \$1 - ZIP 5 1 TITLE	+		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-SI-ZIP				54 CITY-ST-ZIP	ļ		☐ Change ☐ Addition
1/105			DELETE	6 1 THEE			Change (1 Rection
NAME	1			6.2 NAME			

CR2E034 (12/95)

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 eath; 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. MOHAMMAD HOSSAM 407 471.5377 SIGNATURE: No Thank Horsaid Horsaid SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY - ST - ZIP

63 STREET ADDRESS

64 CITY - ST - ZIP