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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

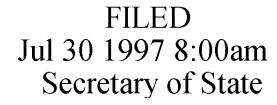
## DOCUMENT # P94000034114 (6)

## ARWA REALITY CORPORATION

Principal Place of Business

Mailing Address

608 VANDERBILT STREET BROOKLYN NY 11218 806 VANDERBILT STREET BROOKLYN NY 11218-1258





:						3. Date Incorporated or Qualified 05/02/1994		le of Last R )1/1 <b>996</b>	leport	
2. Principal Pi	lace of Business	2a. Mailing Address	26			4. FEI Number		<del></del>	oplied For	
21						<b>65-0494772</b> Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>  </del>			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	е	City & State	<b>⊢</b> ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
HAN	INA, MARTIN J			81	Name			•		
1515 UNIVERSITY DRIVE					Street Ad	dress (P.O. Box Number is Not Acceptab	<u>.</u> اها			
SUITE 214					Sileet Au	uress (1.0. box Number is Not Acceptab	16)			
CORAL SPRINGS NY 33071				83						
	_			84	City		FL	<b>85</b> Zip i	Code	
office or re	egistered agent, or both, in the	07.0502 and 607.1508, Florida SI e State of Florida. Such change v e obligations of, Section 607.0505	vas authorized	d by t	the corpor	rporation submits this statement for the p ation's board of directors. I heroby accep	urpose of It the appo	changing it pintment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Hegistered	Agen	t signature req	uired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	PVST	☐ DELETE 1.1						Change	Addition	
NAME	KHALIL, RIAD A		1.2 NA	1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS						
CITY-ST-ZIP				1.4 City - St - ZiP						
TITLE	☐ DELETÉ			2.1 TITLE				☐ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS						
CITY-ST-ZIP				2. 4 CITY - ST - ZIP		<del></del>				
TITLE		L_ DELETE		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME							
STREET ADDRESS	·		3.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CO		r-ZIP			T Change	Addisin-	
TITLE	el.		4.1 TITLE				Change	Addition		
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TIYLE		DELETE	4.4 CI		- ZIP		<del></del>	☐ Change	Addition	
	•		5.1 III 5.2 NA		1			orange	Addition	
NAME PERSON					ADDOLCC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE				TY-ST	- ZIP	Change Addition				
NAME		<u> </u>	61 T/I 62 NA					C Cultury		
					ADDRESS					
STREET ADDRESS	10 m									
CITY-ST-ZIP	X - X	supplied with this filing does not a		1Y-\$1 exen		ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
informatio	on indicated on this annual rec	ort or supplemental annual repor	t is true and a	iccur	rate and th	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made un	der oath: that l	