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 # 530121

(3)

PURNA NANDA ENTERPRISES, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address \$148 \$W 22ND \$T 3148 \$W 22ND \$T. MIAMI FL 33145 MIAMI FL 33145-3210 US US								-	F1811 #4881 4	1 4 11 4 181	1 81 6 11 (
•								3. Date Incorporated or Qualified 03/25/1977	3a. Date of Last Report 02/27/1996				
2. Principal P	lace of Busin	ness	2a. N	2a. Mailing Address				4. FEI Number Appl					7
21			26					59-1781397 Not Appli					3
Suite, Apt.	#, etc.			Suito, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition					7
22			27					5. Continuate of States Desired		F	ee Re	quired	
City & Stat	te		—	City & State				6. Election Campaign Financing \$5.00 May Be					
23		·		Zip Country				Trust Fund Contribution Added to Fees					4
Zip		Country	7				V. This surportion has intentity for intalligation tax as						
24	25 9. Name and Address of Current F			29 30 30 30				Florida Statutes X Yes No 10, Name and Address of New Registered Agent					4
000		ARINO R. ESQ.	TOTAL PROGRAM	TOU Agoin		81	Namo	(0, Haine and Address of New He	giatereu .	- You			-{
	E. 3 RD. A					82							╛
	MI FL 3313						Street Addre	ess (P.O. Box Number is Not Acceptab	le)				
WILL	MI 1 E 00 10	-				83	·						\dashv
						84	City		FL	85	Zip C	Code	1
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607	.1508, Florida State	utos, the at	oove d by	e-named corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of	chang cintmo	jing its	s registered	1
agent. I a	am familiar wi	ith, and accept the ol	oligations of, s	Section 607.0505, F	lorida Stat	utes	s.	ones board or directors, thereby accep	i ine app	UHILITIC	FIL AS	registerou	1
SIGNATURE	Signature Ivoed	or printed name of registered	d agent and the if a	applicable (NC	H. Registere	LAge	ent signature require	d when reinstation)	DATE				
12.				ID DIRECTORS				ADDITIONS/CHANGES TO OFFICE		DIRE	CTOR	S IN 12	13
TITLE	P			DELETE	1.1 [7]	LE				Ch	ange	Addilion	
NAME		am, rose			1.2 87	ME							
STREET ADDRESS 16200 SW 88TH AVE. RD.				1.3 \$1			ADDRESS						
CITY-ST-ZIP	MIAMI FL				1.4 CI	IY-S	T-ZIP						
TITLE	ν			DELETE	2.1 TI	ſĻΕ				☐ Ch	ange	Addition Addition	\neg
NAME	CHANG,				22 NA	MŁ							
STREET ADDRESS		N 139 AVE.		23\$			ADDRESS						Ţ
CITY-ST-ZIP	MIAMI FL	. 33186			2.40	1Y - S	ST - ZIP		· · · · · · ·				
TITLE	ST	A 11.44		☐ DELETE						☐ Ch	ange	Addition	
NAME	SAMUELS				3.2 NA	ME							
STREET ADDRESS	MARK CI						ADDRESS						
CITY-ST-ZIP	MIAMI FL						ST - 7IP					T-11	4
TITLE	S	OLADENCE		☐ DELETE	4.1 111					[] Cha	ange	Addition	1
NAME		CLARENCE			4. 2 N								
STREET ADDRESS	ANALO CI						ADDRESS						
CITY-ST-ZIP	MIAMI FL			DELETE		4.4 CITY-ST-ZIP						6.201	4
TITLE				DELETE 5.1 TI						Chi	nye	Addition	
NAME					5.2 NA								
STREET ADDRESS							ADDRESS						1
CITY-ST-ZIP				DELETE	5 4 CH		1 - 7IP			Dh	inge.	Add8:	
TITLE				L VIII IE	6110					☐ Cha	nge	☐ Addition	
NAME					6.2 NA								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 CIT	Y - S1	1 - Z(P						_[

14. I do 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.