

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G51064** (5)

1. Corporation Name
INTERNATIONAL DADLANI INC.



Principal Place of Business: **2315 NW 107TH AVE #1M29 MIAMI FL 33172 US**
Mailing Address: **2315 NW 107TH AVE #1M29 MIAMI FL 33172 US**

3. Date Incorporated or Qualified: **07/25/1983**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2308216**
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

2. Principal Place of Business (21-23) and Mailing Address (24-26) fields with sub-sections for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
**RAMESH DADLANI
11050 SW 128 CT
MIAMI FL 33186**

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	RAMESH DADLANI	
STREET ADDRESS	11050 SW 128TH CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESSARAM, BHAGWANDAS	
STREET ADDRESS	47 SWAN ST.	
CITY-ST-ZIP	BRIDGETOWN, BARBADOS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DADLANI, LAL B	
STREET ADDRESS	4801 NW 7TH ST #16/301	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMESH DADLANI	
1.3 STREET ADDRESS	11050 SW 128 COURT	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: RAMESH DADLANI 4/24/96 (305) 599-0818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)