

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000016364 (7)

**1. Corporation Name
DYNASTY COLLECTIBLES, INC.**



**Principal Place of Business Mailing Address
11401 PINES BLVD., STE. 446 11401 PINES BLVD., STE. 446
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-4105**

3. Date Incorporated or Qualified 02/19/1996 3a. Date of Last Report

**2. Principal Place of Business 2a. Mailing Address
21 9401 W. COLONIAL DR. 26 9401 W. COLONIAL DR.**

4. FEI Number 65-0644785 Applied For Not Applicable

22 SUITE 504 27 SUITE 504

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 OCOEE, FLORIDA 28 OCOEE, FLORIDA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34761 25 US 29 34761 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

**9. Name and Address of Current Registered Agent
MIRPURI, HARISH L
11401 PINES BLVD., STE. 446
PEMBROKE PINES FL 33026**

**10. Name and Address of New Registered Agent
81 Name MIRPURI, HARISH L.
82 Street Address (P.O. Box Number is Not Acceptable) 9401 W. COLONIAL DRIVE - STE 504
83
84 City OCOEE FL 85 Zip Code 34761**

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] / HARISH MIRPURI - PRESIDENT 1/18/97 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | MIRPURI, HARISH L | |
| STREET ADDRESS | 11401 PINES BLVD., STE. 446 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | MIRPURI, RAM | |
| STREET ADDRESS | 11401 PINES BLVD., STE. 446 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | MIRPURI, GITA | |
| STREET ADDRESS | 11401 PINES BLVD., STE. 446 | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| 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 | DPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MIRPURI, HARISH L | |
| 1.3 STREET ADDRESS | 9401 W. COLONIAL DR. #504 | |
| 1.4 CITY-ST-ZIP | OCOEE, FLORIDA 34761 | |
| 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 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] / HARISH MIRPURI 1/18/97 (407)-522-4400 DATE Daytime Phone #

CR2E034 (9/96)