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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S22274 (2) 1. Corporation Name MOHNANI GROUP, INC.								
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				Diel Bieh dien eien en	
P O BOX 22242 PO BOX 22242 FT. LAUDERDALE FL 33335-9242 FT. LAUDERDALE FL 33335-9242 FT. LAUDERDALE FL 33				35-9242				
						3. Date Incorporated or Qualified 12/17/1990	3a. Date of Last 05/01/19	
2. Principal Plan	ace of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
1 Cuito Ant	# oto	26 Suite Apt	l ata		····	65-0236333	607	Not Applicable
Suite, Apt.	#, etc.	27 Suite, Apt. 1	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution	1 1	00 May Be
7 <sub>IP</sub>	Country	26 Zip	· · · · · · · · · · · · · · · · · · ·	Country		This corporation has liability for it	AUU	ed to Fees
]	25	29	30	000,,,,,		Florida Statutes  Yes		3 185.002,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered Agent	
				81	Name			
MOHNANI, LAKHI L. 40 ISLA BAHIA DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable	le)	
				83				
FI. LAU	JOERDALE FL 33316			63				
				84	City		FL 85 2	(ip Code
SIGNATURE	ith, and accept the obligations of, Sect Synature, typed or printed name of registered agent			tered Agen	nt signature required	wher reinstaling)	DATÉ	
2.	OFFICERS ANI			13.		ADDITIONS/CHANGES TO OFF		
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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 it made under oath; that I am an officer or director of the comporation 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 15 if charges, or only a attachment with an address.

SIGNATURE: ENGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/36/96 954-462-8370
Dete Destine Phore t