

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V53941** (3)

1. Corporation Name
MIRPURI CREATIONS, INC.



Principal Place of Business: **11401 PINES BLVD #446 PEMBROKE PINES FL 33026 US**
Mailing Address: **11401 PINES BLVD #446 PEMBROKE PINES FL 33026 US**

3. Date Incorporated or Qualified: **07/29/1992**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **08-5788817**
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** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ-FRAGA, ADELAIDA
1800 SW FIRST ST.
S-324
MIAMI FL 33135**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature of Registered Agent (Typed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D P	<input type="checkbox"/> DELETE
NAME	LEKHRAJ, GIRISH MIRPURI	
STREET ADDRESS	11401 PINES BLVD.	
CITY- ST- ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEKHRAJ, HARISH	
STREET ADDRESS	11401 PINES BLVD.	
CITY- ST- ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEKHRAJ, RAM	
STREET ADDRESS	11401 PINES BLVD., #446	
CITY- ST- ZIP	PEMBROKE PINES, FL 33026	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEKHRAJ, GITA	
STREET ADDRESS	11401 PINES BLVD., #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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIRISH MIRPURI	
1.3 STREET ADDRESS	11401 PINES BLVD. #446	
1.4 CITY- ST- ZIP	PEMBROKE PINES, FL-33026	
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)(b), 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 checked, or on an attachment with an address.

SIGNATURE: *Girish Mirpuri* **PRES.** **2/16/96** **3-28**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)