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 # **F95000005246 (2)**

1. Corporation Name

HARPAL INVESTMENT CORP.

Principal Place of Business

5783 SW 40TH STREET
MIAMI FL 33155

Mailing Address

5783 SW 40TH STREET
MIAMI FL 33155

3. Date Incorporated or Qualified: 10/26/1995

3a. Date of Last Report

4. FEI Number: 65-0590413 — Applied For / Not Applicable

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

5. Certificate of Status Desired [X] — **$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

9. **Name and Address of Current Registered Agent**

DAVINDER, ARORA
5783 SW 40TH ST.
MIAMI FL 33155

10. **Name and Address of New Registered Agent**

81 Name: N/A
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 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	[ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME	DAVINDER, ARORA		1.2 NAME
STREET ADDRESS	5783 SW 40TH ST.		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	VD	[ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME	AHDI, PRITPAL		2.2 NAME
STREET ADDRESS	5783 SW 40TH ST.		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE	S	[ ] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME	JOLLY, PREET K		3.2 NAME
STREET ADDRESS	5783 SW 40TH ST.		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP
TITLE	T	[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME	ARORA, GURBAKHSH S		4.2 NAME
STREET ADDRESS	5783 SW 40TH ST.		4.3 STREET ADDRESS — 000001714230
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP — -02/14/96--01009--004 ***208.75
TITLE		[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: DAVINDER ARORA 1/23/96 (305) 666-1134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #