


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

FILED
Jan 23 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 # 475930 (4)		
1. Corporation Name LAXMI CORPORATION		



Principal Place of Business 6700 NW 77 COURT MIAMI FL 33166	Mailing Address 6700 NW 77 COURT MIAMI FL 33166-2712
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3. Date Incorporated or Qualified 05/01/1975	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1699559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent MAGRAM, HOWARD C.P.A. 9700 SOUTH DIXIE HIGHWAY MIAMI FL 33156	
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10. Name and Address of New Registered Agent	
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PATEL, AMBUBHAI VANMALI
STREET ADDRESS	6700 NW 77 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PATEL, GOVANBNAI VANMALI
STREET ADDRESS	6700 NW 77 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	TVD <input type="checkbox"/> DELETE
NAME	PATEL, KIRAN
STREET ADDRESS	6700 NW 77 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PATEL, DIPAK
STREET ADDRESS	6700 NW 77 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PATEL, ANIL
STREET ADDRESS	6700 NW 77 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 charged, or on an attached sheet with an address.

SIGNATURE: _____ 1/16/97 305-688-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)