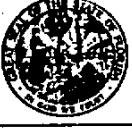


FILE NOW. FILING FEE AFTER 4/1 IS \$225.00

APPROVED
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96 MAY 10 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|--|---|---|
| CORPORATION ANNUAL REPORT 1994 1996 | |  | FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS |
| 1. Corporation Name RESTRA CORP. | | DOCUMENT # 501464 (2) | |

| | |
|---|---|
| Mailing Address C/O L.W. MISHKIN 1428 BRICKELL AVENUE MIAMI FL 33133 US | Principal Place of Business % L.W. MISHKIN 8900 SW 117TH AVE., SUITE B-104 MIAMI FL 33186-2110 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 04/19/1976 | | 3a. Date of Last Report 07/30/1993 | |
| 2. Mailing Address C/O BERNARD, YEAGER, SHERBURNE & MISHKIN Suite, Apt. #, etc. 300 Sevilla Ave., Ste. #311 City & State Coral Gables, FL Zip 33134 Country US | | 2a. Principal Place of Business C/O BERNARD, YEAGER, SHERBURNE & MISHKIN Suite, Apt. #, etc. 300 Sevilla Ave., Ste. #311 City & State Coral Gables, FL Zip 33134 Country US | |
| 4. FEI Number 59-1745155 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 7. Nonprofit Exempt from \$138.75 Supplemental Fee <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 | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent KLEIN, RONALD G. 901 NE 125TH STREET N. MIAMI FL 33161 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
|---|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|-----|---------------------|----------------------------|---|--|---------------------|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 1.1 TITLE | P/D | 1.2 NAME | KAVITA KAMLANI | 1.1 TITLE | | 1.2 NAME | |
| 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | C/O Camille Claudel | 1.3 STREET ADDRESS | | 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | 1407 Broadway, Suite #1708 | 1.4 CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | | 2.1 TITLE | New York, NY 10018 | 2.1 TITLE | | 2.1 TITLE | |
| 2.2 NAME | | 2.2 NAME | | 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | | 3.1 TITLE | | 3.1 TITLE | | 3.1 TITLE | |
| 3.2 NAME | | 3.2 NAME | | 3.2 NAME | | 3.2 NAME | |
| 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | | 4.1 TITLE | | 4.1 TITLE | | 4.1 TITLE | |
| 4.2 NAME | | 4.2 NAME | | 4.2 NAME | | 4.2 NAME | |
| 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | | 5.2 NAME | | 5.2 NAME | |
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| 5.4 CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | | 6.1 TITLE | | 6.1 TITLE | | 6.1 TITLE | |
| 6.2 NAME | | 6.2 NAME | | 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | | 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KAVITA KAMLANI 3/96 212 764-7048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #