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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: Raj K. Hemnan1

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

7 ((11)	1996	7 9/	etary of State F CORPORATIONS		
DOCUN 1. Corporation		6 (4)			
•	ALE PROPERTIES (U.S.A.)	, INC.			
	, ,				
Principal Place of Business		Mading Address			1111 01011 01011 11011 01011 31011 01711 1401
3205 S.E. 19 AVENUE FT LAUDERDALE FL 33316		P.O. BOX 21370			
US	ALE PL 33310	FT LAUDERDALE FL	33335		
				 Date Incorporated or Qualified 03/06/1980 	3a. Date of Last Report 08/17/1995
2. Principal Place of Business		2a. Mailing Address		4. FET Number 59-2045902	Applied For
Suite, Apt. #, etc.		Suite. Apt. #, etc			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Oity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z _p	Country	8. This corporation has liability for it	otangible tax under s. 199.032,
24	25 9. Name and Address of Currer	29 Agent	30	Florida Statutes Yes 10. Name and Address of New R	
	5. Hamo Bila Address of Galler	it riegisteled Agent	81 Name	10. Hanne and Address of New A	egisteren Ağerit
	ii, raj k. "		82 Street Add	ess (P.O. Box Number is Not Acceptable	e'
251 ISLA					
KEY BIS	CAYNE FL 33149		83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the purp	nose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Flore h, and accept the obligations of, Sect	da. Such change was authori ion 607.0505, Florida Statute	ized by the corporation's boa is.	rd of directors. Thereby accept the appo	sintment as registered agent. Fam
SIGNATURE					
12.	Signature, types or protect haloe of registeric agent. OFFICERS AN		icilit: Bioje tered Agent signature require 13.	divier recising. ADDITIONS/CHANGES TO OFFE	DATE CERS AND DIRECTORS IN 12
TITLE	סוק	DELETE	1 'TifuE		☐ Change ☐ Addition
NAME	HEMNANI, RAJ K.		1.2 NAME		
STREET ADDRESS	251 ISLAND DR.		1.3 STREET ACORESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 0	[7] DELETE	14 CITY ST-ZIP		Change
TITLE NAME	HEMNANI, RAM K.		2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS	251 ISLAND DRIVE		2 3 STREET ADDRESS		
CITY - ST - ZIP	KEY BISCAYNE, FL. 00000		2.4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	HEMNANI, SEEMA R. 251 ISLAND DRIVE		3.2 NAML		
STREET ADDRESS	KEY BISCAYNE, FL. 00000		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	127 5,000,11112, 72, 00000	[7] DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		<u></u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	 /		4.4.CiTY-S1-ZiP		
TITLE		☐ DELETE	5 1 N/LE	70000187 -06/24/96010	31 Bernge 🗆 Addition
NAME STREET ATTORGES			5.2 NAME	-06/24/96010	32037
STREET ADDRESS CITY+ST+ZIP			5.3 STREET ADDRESS 5.4 CITY ST 7P	***200.00	
TITLE		[] DELETE	6 1 TiTLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS	\wedge		6.3 STREET ADDRESS	A /-	
CITY-ST-ZIP	and 6 that the list	in hi for the	64 CHY-S1-ZP	05-01	-46 DX
certify that oath; that i	r certify that the information supplied in the information indicated on tries until am an officer or director of the corpo Block 12 or Block 13 if change I, for c	ial report or supplemental an oration or the receiver or trust	nual report is true and accura ee empowered to execute th	for the exemption stated in Section 1195 are and that my signature shall have the is report as required by Chapter 607. Flo	07(3)IK)/Flor@a Statutes further same legal effect as if made under vrida Statutes; and that my name

4-30-96 (705) 4678465