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 # **F90772** **(7)**

1. Corporate Name

MORARI SPECIALTIES, INC.

Principal Place of Business

13901 S.W. 22 STREET
MIAMI FL 33125

Mailing Address

13901 S.W. 22 STREET
MIAMI FL 33125

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip
29 Country 30

3. Date Incorporated or Qualified: **07/15/1982**

3a. Date of Last Report: **06/22/1995**

4. FEI Number: **59-2244068** [ ] Applied For [ ] Not Applicable

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

SHAH, MUKESH K.
13901 S.W. 22 STREET
MIAMI FL 33175

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 Section 607.325, F.S. of the 1995 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. Section 607.325 requires that, to be effective, this statement must be signed 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 607.325, Florida Statutes.

SIGNATURE

Date Registered Agent Accepted Appointment

DATE

12 OFFICERS AND DIRECTORS

PD
SHAH, MUKESH K.
13901 S.W. 22 STREET
MIAMI FL
S
SHAH, DAKSHA M
13901 S.W. 22 STREET
MIAMI, FL 00000

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 with an asterisk (*) in front of it, as an officer or director.

SIGNATURE: Mukesh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date