

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 MAY -1 PM 1:15

STATE  
TALLAHASSEE, FLORIDA

800001482908  
-05/18/95--01011--016  
\*\*\*\*225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F92000001036

1. Corporation Name

CORPORATE PARK INC.

Principal Place of Business Mailing Address  
C/O 13 WILPOOR WILE ROAD  
ARMONK, NY 10504

2. Principal Place of Business		2a. Mailing Address	
21 604 COURTLAND STREET	25 604 COURTLAND STREET	26 SUITE, APT. #, ETC. SUITE 138	27 SUITE 138
22 ORLANDO FLORIDA		28 ORLANDO FLORIDA	
23 32804-1318	29 USA	29 32804-1318	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
12/31/1992	02/23/1994
4. FEI Number	Applied For
59-3087365	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
AGC CO.  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO FL 32801

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 the 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	MALAS HAMZE
STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	LONDON W17 1LD ENGLAND
TITLE	V/D
NAME	CHARTOWNI NABIL
STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	LONDON W17 1LD ENGLAND
TITLE	D
NAME	BARBARA SUTHERLAND
STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	LONDON W17 1LD ENGLAND
TITLE	S/T
NAME	VAGHADIA VIND
STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	LONDON W17 1LD ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	REMOVED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P
2.3 STREET ADDRESS	CHARTOWNI NABIL
2.4 CITY-ST-ZIP	44 DAVIES STREET LONDON W17 1LD ENGLAND
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	20A
6.3 STREET ADDRESS	5-1-95
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 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: \_\_\_\_\_ APRIL 26 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
V. VAGHADIA SECRETARY/TREASURER