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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

S. NAGASWAMI AND R. NAGASWAMI, P.A.

FILED						
Jun 06 1997 8:00am						
Secretary of State						



Principal Place of Business Mailing Address							
17971 BISCAYNE YLVD		17971 BISCAYNE BLVD					
108 AVENTURA FL 33160 US		108	4				
		AVENTURA FL 33160-2576 US		3. Date Incorporated or Qualified 03/01/1983	3a. Date of Last Report 04/01/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2260859	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i		
24	25	29	30			Yes 🗶 No	
	9, Name and Address of Curre	nt Registered Agent		nel 11	10. Name and Address of New Re	gistered Agent	
HAI	JSER, MARC ESQ.		1	B1 Name			
	1 KANE CONCOURSE #616		Ì	B2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
BAY	HARBOR ISLANDS FL 33154		1	83			
				03			
			Ī	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							
12.		ND DIRECTORS	13.	Agent signature re	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	DELFTE	1.1 101	LE	1.551115116,6717111625175	Change Addition	
NAME	NAGASWAMI, RANJINI		1.2 NA	ME			
STREET ADDRESS	18488 BISCAYNE BLVD.		1.3 \$7	REE1 ADDRESS		}	
CITY-ST-ZIP	MIAMI FL		1.4 CH	Y - S1 - ZIP			
TITLE		☐ DELETE	2.1 111	LF		☐ Change ☐ Addition	
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 \$11	REFT ADDRESS			
CITY-ST-ZIP			2.4 CI	1Y - S1 - ZIP			
TITLE		☐ DELETÉ	3.1 111			Change L Addition	
NAME			3.2 NA				
STREET ADDRESS			Bi .	REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		1Y-S1-ZIP		Change	
NAME		L. Detter	4.1 TIT 4.2 NA			L_ Change L_ Addition	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DFLETE	5.1 I)T			Change Addition	
NAME		_	5.2 NA	i			
STREET ADDRESS			l	REET ADDRESS			
CITY-ST-ZIP			1	Y-S1-ZIP			
TITLE		☐ DELETE	61 TIT			Change Addition	
NAME			62 NA	ME			
STREET ADDRESS			6.3 ST	REE1 ADDRESS			
CITY-ST-ZIP			6.4 C/T	Y-SI-7IP			

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 changed or on an attachment with an address.