

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinez  
Secretary of State  
1900 Park Street, Tallahassee, FL 32304

DOCUMENT # **G28993** (5)  
1. Corporation Name:  
**1756, INC.**

**APPROVED  
AND  
FILED**  
  
95 MAY -1 AM 8:05  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O RALPH D'SOUZA  
10040 REFLECTIONS BLVD W APT 106  
SUNRISE FL 33351  
US**  
Mailing Address: **C/O RALPH D'SOUZA  
10040 REFLECTIONS BLVD W APT 106  
SUNRISE FL 33301-3054  
US**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **03/22/1983** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2371381** Applied For:  Not Applicable:   
5. Certificate of Status Declared:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under Chapter 190, Florida Statutes:  Yes  No

2. Principal Nature of Business: **21** 2b. Mailing Address: **26**  
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**  
City & State: **23** City & State: **28**  
City: **24** County: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**D'SOUZA RALPH  
10040 REFLECTIONS BLVD W #106  
SUNRISE FL 33351**

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 607.0902 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 I accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1	NAME: <b>PD RAZZAK, GHAZI AL-ABDUL Y.</b>
12.2	STREET ADDRESS: <b>1833 HENDRY ST.</b>
12.3	CITY, STATE, ZIP: <b>FT. MYERS FL</b>
12.4	NAME: <b>VST D'SOUZA, LAWRENCE</b>
12.5	STREET ADDRESS: <b>10040 REFLECTIONS BLVD W #106</b>
12.6	CITY, STATE, ZIP: <b>SUNRISE FL</b>
12.7	NAME: _____
12.8	STREET ADDRESS: _____
12.9	CITY, STATE, ZIP: _____
12.10	NAME: _____
12.11	STREET ADDRESS: _____
12.12	CITY, STATE, ZIP: _____
12.13	NAME: _____
12.14	STREET ADDRESS: _____
12.15	CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS: _____	
13.3	CITY, STATE, ZIP: _____	
13.4	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	STREET ADDRESS: _____	
13.6	CITY, STATE, ZIP: _____	
13.7	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	STREET ADDRESS: _____	
13.9	CITY, STATE, ZIP: _____	
13.10	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	STREET ADDRESS: _____	
13.12	CITY, STATE, ZIP: _____	
13.13	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	STREET ADDRESS: _____	
13.15	CITY, STATE, ZIP: _____	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 119.071, Florida Statutes. I further certify that the information included 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: *Ralph D'Souza* **RALPH D'SOUZA - ATTORNEY IN FACT** 4/25/95 (305) 749-5671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #