

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G83262** (7)

1. Corporation Name  
**KAN MEHTA & ASSOCIATES, INC.**



Principal Place of Business: **145 SEVILLA AVENUE ATTN: KAN MEHTA CORAL GABLES FL 33134**  
Mailing Address: **145 SEVILLA AVENUE ATTN: KAN MEHTA CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **02/06/1984**  
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business  
21. **145 SEVILLA AV**  
Suite, Apt. #, etc.  
22. City & State: **CORAL GABLES FL**  
23. Zip: **33134** Country: **Dade**  
24. Zip: **33134** Country: **Dade**

2a. Mailing Address  
26. **Same as in 2.**  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

4. FEI Number: **59-2364675**  
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. This corporation has liability or intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MEHTA, KAN C.  
145 SEVILLA AVENUE  
CORAL GABLES FL 33134**

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 607.0502 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEHTA, KAN C.</b>	
STREET ADDRESS	<b>145 SEVILLA AVENUE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	<b>MEHTA, KAN C.</b>	
1 3 STREET ADDRESS	<b>145 SEVILLA AVE</b>	
1 4 CITY - ST - ZIP	<b>CORAL GABLES, FL</b>	
2 1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	<b>MULTI K. MEHTA</b>	
2 3 STREET ADDRESS	<b>145, SEVILLA AV</b>	
2 4 CITY - ST - ZIP	<b>CORAL GABLES, FL</b>	
3 1 TITLE		<input type="checkbox"/> Change <input 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		
6 3 STREET ADDRESS		
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: *Kan Mehta* **2/6/96** **305)444 7077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)