

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 # **G85043** (9)

1. Corporation Name
NAYANI, INC.



Principal Place of Business: **18405 NW 7TH AVE. MIAMI FL 33169**
Mailing Address: **18405 NW 7TH AVE. MIAMI FL 33169**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt #, etc.		Suite, Apt #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 02/13/1984	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2401690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIOTRKOWSKI, JOEL S. 317 71ST STREET MIAMI BEACH FL 33141				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 607.0509 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add on	
NAME	NAYANI, SIKANDER			1.2 NAME			
STREET ADDRESS	18405 NW 7TH AVENUE			1.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			1.4 CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NAYANI, NASRUDDIN			2.2 NAME			
STREET ADDRESS	18405 NW 7TH AVENUE			2.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			2.4 CITY-STATE-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NAYANI, NASIRUDDIN			3.2 NAME			
STREET ADDRESS	18405 NW 7TH AVENUE			3.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			3.4 CITY-STATE-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KABA, FATIMA			4.2 NAME			
STREET ADDRESS	18405 NW 7TH AVENUE			4.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add on	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-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: *Nasruddin Nayani* **NASRUDDIN NAYANI** 4/22/96 (305) 6526277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE D.U. D.U. Phone #

CR2E034 (12/95)