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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H25673** (5)

1. Corporation Name

MAHTANI (FLORIDA), INC.



Principal Place of Business

Mailing Address

**8522 NW 70TH ST.
MIAMI FL 33166
US**

**8522 NW 70TH ST.
MIAMI FL 33166
US**

2. Principal Place of Business

2a. Mailing Address

21 **8925 SW 148 ST.,**

26 **8925 SW 148 ST.,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 208,**

27 **# 208,**

City & State

City & State

23 **MIAMI, FL.**

28 **MIAMI, FL.**

Zip

Country

Zip

Country

24 **33176**

25 **USA**

29 **33176**

30 **USA.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPAI, SURESH
2335 MERIDIAN AVE
MIAMI BEACH FL 33140**

81 Name **KAPAI SURESH**

82 Street Address (P.O. Box Number is Not Acceptable)

13561 SW 77 CT.,

83

84 City **MIAMI**

FL

85 Zip Code

33156

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

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAPAI, SURESH	
STREET ADDRESS	2335 MERIDIAN AVE	13561 SW 77 CT.,
CITY- ST- ZIP	MIAMI BEACH FL	MIAMI, FL 33156
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAPAI, LAVINA	
STREET ADDRESS	2335 MERIDIAN AVE	13561 SW 77 CT.,
CITY- ST- ZIP	MIAMI BEACH FL	MIAMI, FL 33156
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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: **Lavina Kapai** LAVINA KAPAI

3-15-96 (305) 278-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Phone

CR2E034 (12/95)