

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J68299

(3)

1. Corporation Name

LUSARARIAN, INC.



Principal Place of Business

1141 BANYAN RD
BOCA RATON FL 33432
US

Mailing Address

1141 BANYAN RD
BOCA RATON FL 33432
US

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LUSARARIAN, BEDROS
1141 BANYAN RD
SUITE 1122
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0800 and 607.1376, 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 further willing to accept the obligations of Section 607.0800, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME PD LUSARARIAN, BEDROS
2. STREET ADDRESS 1141 BANYAN RD
3. CITY, STATE, ZIP BOCA RATON FL
4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, STATE, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
6. NAME
7. NAME
8. NAME
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30. NAME

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. 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 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEDROS LUSARARIAN

2/5/1996 407-394-9010

CR2E034 (12/95)