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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

K07513

(0)

FORE	IGN CUF	RRENCY EXCHANG								
Principal Place of Business			Mailing Address							
1650 SAND			1650 SANDLAKE RD SUITE 201A							
Suite 2017 Orlando			ORLANDO FL 32809			3. Date incorporated or Qualified 12/17/1987	3a. Date of Last Report 09/19/1995			
			2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number		1	optied For
2. Principal Place of Business			26			59-2862300 Not Applicable				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22	<del></del>		27				6. Election Campaign Financing			May Be
City & Stat	e		City & State				Trust Fund Contribution			to Fees
23		Country	<b>Z</b> ip	Cou	intry		8. This corporation has liability for	intangible ta	x under s	199.032,
Zip		25	29	30	Í		Florida Statutes	s 🔲 No		
9. Name and Address of Current Registered Agent							10. Name and Address of New	Registered /	agent	
	<u> </u>				81	Name				
PINNA, RANDOLPH						Street Add	Address (P.O. Box Number is Not Acceptable)			
14382	LORD BA	ARCLAY DR								
	NDO FL 3				83					
J. 142 1					84	City		FL	85 Z	Code
					J	1	estion automite this statement for the n	was of sh	anging its r	egistered office
11. Pursuant or registe familiar v	t to the provered agent, with, and acc	isions of Sections 607.050 or both, in the State of Flor cept the obligations of, Sec	02 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statutes	es, the ab red by the s.	corp	named corpt poration's box	oration submits this statement for the p and of directors. I hereby accept the ap	pointment as	registered	agent. I am
SIGNATURE		ed or printed name of registered ago	ont and title if applicable (NC	⊃f£: Registere	d Age	nt signature requir	red when reinstating)	DATE		200 11140
12	Signature, typ	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12 Addition
TILE	P		☐ DELETE	1. 1	TILE			Į.	Change	L] Kadidan
NAME	PINI	NA, RANDOLPH		1.2	NAME					
STREET ADDRESS	400	O SANDLAKE RD #201	1A	1.3	STREE	ET ADDRESS				
CHTY - ST - ZIP	ORL	ANDO FL 32809				-ST - ZIP			Change	Addition
TITLE	VP		☐ DELETE		TITLE					
NAME	KEN	INETH PINNA			NAME					
STREET ADDRESS	s <b>165</b>	O SANDLAKE RD #20	1A			ET ADDRESS				
CITY-S1-ZIP		LANDO FL 32809	r⊐ no etc		CITY -	-ST-ZIP			☐ Change	☐ Addition
TITLE	S	DUATE DINE!	☐ DELETE		NAME					
NAME	AU	GUSTE PINNA	48			EET ADDRESS				
STREET ADDRES	s 165	SANDLAKE RD #20	יור			-\$1-ZIP				
CITY-ST-ZIP	UK	LANDO FL 32809	DELETE		TITL				☐ Change	☐ Addition
THILE			El occese		NAM					
NAME	_					EET ADDRESS				
STREET ADDRES	SS					r-ST-ZIP				
CITY-ST-ZIP			ET DELETE		1 1170				☐ Change	Addition

STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes. I further certify that the information indicated on this 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 of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or an artifactoriest with an address.

5 1 HTLE

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIF

SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4-9-96 407-80-9419

Change

☐ Addition

CR2E034 (12/95)