


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K09589 (8)		
1. Corporation Name NARANJA MOTEL, INC.		

Principal Place of Business 26476 S DIXIE HWY NARANJA FL 33032-7425	Mailing Address 26476 S DIXIE HWY NARANJA FL 33032-7425
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1987	3a. Date of Last Report 04/27/1995
21 Suite, Apt #, etc.	26	27 Suite, Apt #, etc.	28	4. FEI Number 65-0034468	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ROCKMAN, LOUIS M. 8500 SW 92 ST SUITE 106 MIAMI FL 33156		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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PATEL, INDRAVADAN L.	1.2 NAME	
STREET ADDRESS	26476 S DIXIE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	NARANJA FL	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	
NAME	PATEL, PANKAJ	2.2 NAME	
STREET ADDRESS	26476 S DIXIE HWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	NARANJA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	PATEL, PANKAJ	3.2 NAME	
STREET ADDRESS	26476 S DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NARANJA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (3/96)