FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ual report 1997		Sandra B. Morthi Secretary of State DIVISION OF CORPORA			Secretary of State		ate
1. Corporation	MENT # K259 TO INTERNATIONAL, INC.	•))			 	II BABU BABU BABU BABU BABU	i i i i i i i i i i i i i i i i i i i
Principal Plac 1356 NW 2ND BOCA RATON		1356 NW 2ND A	Mailing Address 1356 NW 2ND AVE BOCA RATON FL 33432-1609					
						Date Incorporated or Qualified 06/13/1988	3a. Date of Last Re 05/14/1996	port
2. Principal I	Place of Business	2a, Mailing Addi	ress			4. FEI Number 65-0079004	 	plied For t Applicable
Suite, Apt	#, etc.	Suite, Apt. #	etc			5. Certificate of Status Desired	□ \$8.75 A	dditional
City & Sta	te	City & State			 	6. Election Campaign Financing	\$5.00	May Be
23 Zip	hand hand			Countr	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Cu	29 rrent Registered Agent	[30]	T		Florida Statutes 10. Name and Address of New R		
	RMAN, DEBORAH A.			81	Name			
1356 NW 2ND AAVE BOCA RATON FL 33432					Street Ac	ldress (P.O. Box Number is Not Accepta	ble)	
				83				
	•			84	City		FL 85 Zip C	ode
office or agent 1: SIGNATURE	Signature, typed or printed name of registere	d agent and title if appricable.				orporation submits this statement for the ration's board of directors. I hereby accending when reinstating)	DAYE	
DILE	OFFICERS PSD	AND DIRECTORS		3. 1 TITLE	<u>r</u>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR Change	S IN 12 Addition
NAME STREET ADDRESS	BERGER, JACK S. 1356 NW 2ND AVE		1.	2 NAME	r address			
CITY - ST - ZIP	BOCA RATON FL			4 CITY-	ST-ZIP	<u></u>	Change	Addition
NAME			_	2 NAME				
STREET ADDRESS					ADDRESS	•		,
CITY-ST-7IP TITLE		D		4 CITY- 1 TITLE	ST-ZIP	- ·	Change	Addition
NAME		 -		2 NAME				
STREET ADDRESS			4		T ADDRESS			
CITY-ST-ZIF		D		4. CITY- 1 TITLE	ST-ZIP	<u> </u>	Change	Addition
NAME			1	2 NAME				
STREET ADDRESS					T ADDRESS			
CITY - ST - 7IF		D		4 CITY -	ST-ZIP	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Change	Addition
NAME			1	2 NAME	j			
STREET ADDRESS			4		T ADDRESS			
C/TY-ST-ZIP		——————————————————————————————————————		4 CITY-	ST-ZIP		[Phanes	Addison
NAME			10	.1 TITLE 2 NAME	}		Change	Addition
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIF				4 CITY-				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; 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 appears with an address.

SIGNATURE:

MAGNIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 367-0600 Daytine Prone #

FILED

Apr 17 1997 8:00am