

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

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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K32442** (1)

1. Corporation Name
K & S ENTERPRISES OF BROWARD, INC.



Principal Place of Business % ASHOK DALAL 633 NE 167TH ST. S-607 NORTH MIAMI BEACH FL 33162	Mailing Address % ASHOK DALAL 633 NE 167TH ST. S-607 NORTH MIAMI BEACH FL 33162-2444
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3. Date Incorporated or Qualified 09/07/1988	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0069774	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DALAL, ASHOK
633 NE 167TH ST
SUITE 625
NORTH MIAMI BEACH FL 33162**

Change

10. Name and Address of New Registered Agent

81 Name ASHOK DALAL
82 Street Address (P.O. Box Number is Not Acceptable) 1266 N.W. 119th ST.
83
84 City MIAMI.
85 Zip Code FL 33168

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KHANNA, OM P.	1.1 TITLE PD	1.2 NAME KHANNA OM. P.
STREET ADDRESS 320 NW 91ST AVE	CITY-ST-ZIP PEMBROKE PINES FL	1.3 STREET ADDRESS 3630 PARK COURT.	1.4 CITY-ST-ZIP FT. LAUDERDALE FL, 33332
TITLE STD	NAME SHARMA, RAVINDER	2.1 TITLE STD	2.2 NAME SHARMA RAVINDER
STREET ADDRESS 3396 FOXCROFT ROAD	CITY-ST-ZIP MIRAMAR FL	2.3 STREET ADDRESS 6525 SEDGWICK BLVD.	2.4 CITY-ST-ZIP DAVIE FL, 33331
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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: *X Ravi Sharma*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)