

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:53

**DOCUMENT # K36206 (6)**

1. Corporation Name  
**KERMAS, INCORPORATED**

Principal Place of Business Mailing Address  
**7911 N.W. 21ST ST.  
MIAMI FL 33122-1616** **2315 NW 107 AVENUE  
1 M 24 BOX 25  
MIAMI FL 33172  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1988** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **65-0081255** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2315 N.W. 107 Ave.** 26 **2315 N.W. 107 Ave.**

22 Suite, Apt. #, etc. **1M57, Box 25** 27 Suite, Apt. #, etc. **1M57, Box 25**

23 City & State **Miami, Fla.** 28 City & State **Miami, Fla.**

24 Zip **33172** 25 Country **USA** 29 Zip **33172** 30 Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**RAMANI, GEORGE T.  
999 PONCE DE LEON BLVD.  
SUITE 1015  
CORAL GABLES FL 33134**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|--|---|
| 1101 TITLE                 | <b>P</b>                       | 11 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1102 NAME                  | <b>DADLANI, LAL</b>            | 12 NAME  |   |
| 1103 STREET ADDRESS        | <b>4801 N.W. 7TH ST., #301</b> | 13 STREET ADDRESS                                      |   |
| 1104 CITY, ST, ZIP         | <b>MIAMI FL</b>                | 14 CITY, ST, ZIP                                       |   |
| 1105 TITLE                 |                                | 21 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1106 NAME                  |                                | 22 NAME  |   |
| 1107 STREET ADDRESS        |                                | 23 STREET ADDRESS                                      |   |
| 1108 CITY, ST, ZIP         |                                | 24 CITY, ST, ZIP                                       |   |
| 1109 TITLE                 |                                | 31 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1110 NAME                  |                                | 32 NAME  |   |
| 1111 STREET ADDRESS        |                                | 33 STREET ADDRESS                                      |   |
| 1112 CITY, ST, ZIP         |                                | 34 CITY, ST, ZIP                                       |   |
| 1113 TITLE                 |                                | 41 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1114 NAME                  |                                | 42 NAME  |   |
| 1115 STREET ADDRESS        |                                | 43 STREET ADDRESS                                      |   |
| 1116 CITY, ST, ZIP         |                                | 44 CITY, ST, ZIP                                       |   |
| 1117 TITLE                 |                                | 51 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1118 NAME                  |                                | 52 NAME  |   |
| 1119 STREET ADDRESS        |                                | 53 STREET ADDRESS                                      |   |
| 1120 CITY, ST, ZIP         |                                | 54 CITY, ST, ZIP                                       |   |
| 1121 TITLE                 |                                | 61 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1122 NAME                  |                                | 62 NAME  |   |
| 1123 STREET ADDRESS        |                                | 63 STREET ADDRESS                                      |   |
| 1124 CITY, ST, ZIP         |                                | 64 CITY, ST, ZIP                                       |   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(2)(b), Florida Statutes. I further certify that the information included 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 recipient or transferee 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: *Lal Dadlani* **LAL DADLANI** 1.9.95 305-477-9394  
SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR