

**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 # K57684 (8)

1. Corporation Name

W. H. TRADING INC.



Principal Place of Business

Mailing Address

**2628 NW 72 AVENUE
12285 NW 7TH ST
MIAMI FL 33122
US**

**% MEENU KHILNANI
12285 NW 7TH ST
MIAMI FL 33182**

2. Principal Place of Business

2a. Mailing Address

21 2628 NW 72 Avenue

26 2628 NW 72 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33122

25

29 33122

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KHILNANI, MEENU
12285 NW 7TH ST
MIAMI FL 33182**

81 Name Meenu Khilnani

**82 Street Address (P.O. Box Number is Not Acceptable)
2628 NW 72 Avenue**

83

84 City

Miami

FL

85 Zip Code

33122

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 (application)

(If not, Registered Agent signature and address (separate page))

(WH)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KHILNANI, MEENU**
STREET ADDRESS **2628 NW 72 AVENUE**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition

TITLE **P** ☐ DELETE
NAME **KHILNANI, SURESH**
STREET ADDRESS **2628 NW 72 AVENUE**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Suresh Khilnani

Suresh Khilnani

6/8/96

(305)599-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)