

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L25683** (8)

1. Corporation Name

**MANI IMPORT EXPORT, INC.**



Principal Place of Business

% JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD #1707  
MIAMI FL 33132

Mailing Address

% JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD #1707  
MIAMI FL 33132

3. Date Incorporated or Qualified  
**10/26/1989**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0158041**

Applied For

Not Applicable

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

BERNSTEIN, JEFFREY A.  
100 N BISCAYNE BLVD  
SUITE 1707- NEW WORLD TOWER  
MIAMI FL 33132

10. Name and Address of New Registered Agent

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 for applicable

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PT  
PATEL, TARA  
100 N BISCAYNE BVD #1707  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
PATIDAR, JAYMATI  
100 N BISCAYNE BVD #1707  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

☐ Change ☐ Addition

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP

☐ Change ☐ Addition

**600001810486**  
**-05/07/96--01021--038**  
**\*\*\*200.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*J. Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/96**

**(305) 595 1639**  
Daytime Phone #

CR2E034 (12/95)