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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L40260

(6)

AMIN AND PATEL INVESTMENTS, INC.

FILED Feb 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						a andress die mest durite ieftil fister an	ıı minit diğir a	1611 BIBIL &1811 (// 0 // 1 0.0 /	
% VIJAY AMIN % VIJAY AMIN										
8050 NORTH ATLANTIC AVENUE 8050 NORTH ATLANTIC AVENUE CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-36										
UNITE UNINITE	THE PEOPLE	ONLE AUGUSTINE LE REC	**************************************			3. Date incorporated or Qualified	3a, D	ate of Last R	eport	
						12/29/1989	11/22/1996			
Principal Place of Business 2a. Mailing Address						4, FEI Number			oplied For	
26						59-3005934	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	
27						6. Certificate of Status Desired	Fee Required			
City & State City & State						6. Election Campaign Financing		\$5.00 May Be		
3		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cour	ntry		This corporation has liability for			. 199.032,	
4	25	29	30			Florida Statutes 10. Name and Address of New I	Yes			
	9. Name and Address of Curre	int Hegistered Agent		81	Name	10, Name and Address of New I	egistered	Agent		
	EL, HARSHAD		[~'\	Hame					
	NORTH ATLANTIC AVENUE					et Address (P.O. Box Number is Not Acceptable)				
CAP	E CANAVERAL FL 32920			83					······································	
			1	"		•				
			Ī	64	City		FL	85 Zip	Code	
						poration submits this statement for the ation's board of directors. I hereby acc		بالب	·	
12.	Signature, typed or printed name of registered at OFFICERS AT	ND DIRECTORS	13.			Jred when reinstating) ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	D	DELETE	1,1 717	l F		ADDITIONS/CITATIONS TO CIT	IOLITO ATT	Change	Addition	
NAME	AMIN, VIJAY		1.2 NA		ì			•		
STREET ADDRESS	8050 N. ATLANTIC AVE.		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 00				1			
TITLE	SVT	☐ DELETE	21 TH					Change	Addition	
NAME	PATEL, HARSHAD		22 NA	ME	·					
STREET ADORESS	8050 N. ATLANTIC AVE.		2.3 ST	REET	ADDRESS					
City-St-ZIP	CAPE CANAVERAL FL		2. 4 Ct	TY-S	ST-ZIP					
TITLE	PD	DELETE	3.1 Tit	LE	: -			Change	Addition	
NAME	PATEL, HARSHAD		3.2 NA	ME			-			
STREET ADDRESS	8050 N. ATLANTIC AVE.		3.3 ST	REET	ADDRESS					
CITY - ST - ZIP	CAPE CANAVERAL FL		3.4. Ci		ST-ZIP		·			
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NAME			4. 2 N/			•				
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TITLE		☐ DELETE	5.1 Tit				:	Change	Additio	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-7/P		DELETE	5.4 CI		IT-ZIP			Change	Additio	
TITLE		FT DETRIE	6.1 717					L Unange	LJ AUUIID	
NAME			6.2 NA		ADDATES					
STREET ADDRESS			1		ADDRESS					
CITY, ST. 7IP	1		64190	1Y - S	37/P E					

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.