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

APPROVED AND FILED

96 DEC 26 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L42763 (7)

1. Corporation Name

ANCELIA INC.
1996 REINSTATEMENT

Principal Place of Business	Mailing Address
~~1270 NW 165TH ST.~~ ~~MIAMI FL 33169~~	~~1270 NW 165TH ST.~~ ~~MIAMI FL 33169~~ 7290 W. 18TH LANE HIALEAH FL. 33014

CHANGE ADDRESS

2. Principal Place of Business	2a. Mailing Address
21 7290 W. 18TH LANE	26 7290 W. 18TH LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FLORIDA	City & State 28 HIALEAH, FLORIDA
Zip 24 33014 Country 25 USA	Zip 29 33014 Country 30 USA.

3. Date Incorporated or Qualified: 01/10/1990
3a. Date of Last Report: 08/22/1995
4. FEI Number: 65-0165804 ☐ 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

VILONE JR., ALFRED J
2500 E. LAS OLAS BLVD.
FT LAUDERDALE FL 33301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KHAN, AHAMAD	1.2 NAME	
STREET ADDRESS	~~24 N.W. 43 TERRACE~~ 19100 SW. 49TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PLANTATION FL~~ FT. LAUD. FL. 33332	1.4 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KHAN, WASEELA	2.2 NAME	900002046189--4
STREET ADDRESS	~~24 N.W. 43 TERRACE~~ 19100 SW. 49TH ST	2.3 STREET ADDRESS	-01/06/97--01003--021
CITY-ST-ZIP	~~PLANTATION FL~~ FT. LAUD. FL. 33332	2.4 CITY-ST-ZIP	****375.00 ****375.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	REINSTATEMENT 1996
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	W. Alan
STREET ADDRESS		5.3 STREET ADDRESS	12/26/96
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Waseela Khan (WASEELA KHAN) 11/20/96 (305) 820-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(VICE PRESIDENT)

0100317 CP