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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sepretary of State
DIVISION OF CORPORATIONS

1996

L66060

(9)

RANGAM INC.

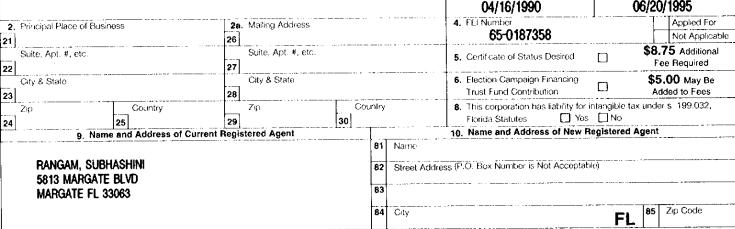
DOCUMENT #

1. Corporation Name

Principal Place of Business Mailing Address

FOLD MARCATE PLVD

5813 MARGATE BLVD. MARGATE FL 33063 US 5813 MARGATE BLVD MARGATE FL 33063



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 poord of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

12.	greature, tyred or printed name of registered agent are the Lapskeable (NO OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VTD	DELETE	1 1 10 LF	Change Addition
NAME	RANGAM, SUBHASHINI		1.2 NAME	
STREET ADDRESS	5650 NW 42 WAY		1.3 STPEFT ADDRESS	
DITY - ST - ZIP	COCONUT CREEK FL		1.4 CITY - ST - ZIP	
:TLF		☐ DELETE	2 1 THILE	Criange
IAME			2.2 NAME	
THEE! ADDRESS			2.3 STREET ADDRESS	
CHTY - ST - ZIP			2.4 C(TY - ST Z(F)	
ITLE		☐ DELĒ1E	3 1 TITLE	. Change Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
DITY- S1- ZIF			3 4 CITY- ST-ZIP	
TLE		☐ DELETE	4 1 TIFLE	Change Addition
IAME			4.2 NAME	
STREE! ADDRESS			4.3 STREET ADDRESS	
DITY+S1 ZIP			4.4 CHY - ST - 7IF	
ITILE		☐ DECETE	5 1 Title	Change Addition
IAME			5.2 NAME	
TREEL ADDRESS			. 5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CHTY - ST - ZIP	
THLE		□ DEFELE	6 1 TIT ₄ F	☐ Change ☐ Addition
NAME.			62 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
			C 1 CHy C1 7/C	

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: Sullas Line Residence of Signature and types of printed Name of Signature and Types of S

CR2E034 (12/95)

3. Date incorporated or Qualified

3a. Date of Last Report