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 # **L83749** **(6)**

1. Corporation Name

BROUMAND INTERNATIONAL TWO, INC.

Principal Place of Business	Mailing Address
%INTERNATIONAL MANAGEMENT OF CENTRAL FL 733 WEST COLONIAL DRIVE ORLANDO FL 32804	%INTERNATIONAL MANAGEMENT OF CENTRAL FL 733 WEST COLONIAL DRIVE ORLANDO FL 32804

2. Principal Place of Business	2a. Mailing Address
21 8435 Bermuda Dunes	26 8435 Bermuda Dunes
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO FL	28 City & State: ORLANDO FL
24 Zip: 32819 25 Country	29 Zip: 32819 30 Country

3. Date Incorporated or Qualified: 06/26/1990

3a. Date of Last Report: 05/01/1995

4. FEI Number: ~~59-1102105~~ 59-3377078 — 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

INTERNATIONAL MANAGEMENT OF CENTRAL FLA.
MANOO BROUMAND
733 WEST COLONIAL DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Anoosh Broumand
82 Street Address (P.O. Box Number is Not Acceptable)
83 8435 Bermuda Dunes
84 City: Orlando FL 85 Zip Code: 32819

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: ANOOSH BROUMAND - Registered Agent — Anoosh Broumand — 4/22/96
Signature, typed or printed name of individual with authority to sign on behalf of corporation — (NOTE: Registered Agent's signature required when changing registered agent.) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROUMAND, SAM 733 W. COLONIAL ORLANDO FL 32804 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P (President) Manouchehr Broumand 8435 Bermuda Dunes Orlando, FL 32819 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001839624 -05/22/96--01010--031 ***208.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

5-1-96

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)(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: MANOUCHEHR BROUMAND-President — M. Broumand — 4/22/96 (407)352-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #