FILE NOW: FIL	ING FEE AFTE	R MAY 1 IS \$2	.00
PROFIT	62 W 3/2	FLORIDA DEPARTMENT	5"ATE
CORPORATION	Printer (Table)	Saudo B Morth	

ANNUAL REPORT



1	1996	DIVISION OF	CORPOR	ONS			
DOCUM		9 (8)					
1. Corporation	Name	` '					
H. HAN	apersad enterprises, in	VC.	T		1 10 10 10 10 10 10 10 10 10 10 10 10 10		1 6/6/1 8:00 Bibli 180/
			Ţ				
Principal Place	of Business	Mailing Address	1			1916 819E 91911 919I	I EIBIF BIBIT BIBIT IEBI
10733 NORTH WEST 7TH AVENUE			10733 NORTH WEST 7TH AVENUE				
MIAMI FL 331	168	MIAMI FL 33168					
					3. Date Incorporated or Qualified 08/08/1990	3a. Date of La 07/14	est Report /1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 65-0213393		Applied For
21 Suite, Apt. #	etc.	Suite, Apt. #, etc.					Not Applicable 3.75 Additional
22	,	27			5. Certificate of Status Desired		Fee Required
City & State	WE SEE TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	Orty & State			Election Campaign Financing Trust Fund Contribution	1 1 '	5.00 May Be Added to Fees
Zip	Country	Zφ	Country	··	8. This corporation has liability for it		
24	25	29	30		Florida Statutes X Yes		
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New R	egistered Agen	t
RAMPER	RSAD, LEELAWATEE		ļ		(DO D. M. J. J. M. J.		
	VEST WEST 7TH AVENUE		82	Street Addi	ress (P.O. Box Number is Not Acceptable	e)	
MIAMI F	L 33168		83				
		÷	B4	Gity		85	Zip Code
44 (5)	N	707.4500 [1-5-1.00-1.4-		l,		FL.	
or registers	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	 Such change was authorize 	at by the dies	named corpor joralien's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	oose or changing sintment as regis	rts registered office tered agent. I am
	h, and accept the obligations of, Section	on 607,0505, Florida Statutes.					
SIGNATURE	Signature, typied or printed name of regeneral agent a	relither appropries the N	lk Firegorian ac	Congression Region	disateur reachtata gi	DATE.	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME	RAMPERSAD, RAMNARINE	☐ DELETE	1 1 I I I I I I I I I I I I I I I I I I			Cha	ange 🗌 Addition
STREET ADDRESS	9251 CHELSEA DR.			LADORESS			
CITY-ST-ZIP	MIRAMAR FL			ST ZIF			
TITLE	VD	☐ DELETE	2 · F			Cha	inge 🔲 Addition
NAME	RAMPERSAD, VIDYA		22 N				
STREET ADDRESS	9251 CHELSEA DR. MIRAMAR FL			T ADDRESS			
CITY-ST-ZIF TITLE	STD	DEFETE	240	S1 - ZF		[] Cha	ange Addition
NAME	RAMPERSAD, LEELAWATEE	weare	301				ings Addition
STREET ADDRESS	9251 CHELSEA DR.		331	1 ADDRESS			
CITY - ST - ZIP	MIRAMAR FL		3.4	ST ZIF			
TITLE	SD SUPERIOR	DELFTE	4 1			Cha	ange
NAME Order Loopers	RAMPERSAD, SURENDRA 9251 CHELSEA DR.		4.2				
STREET ADDRESS CITY-ST-ZIP	MIRAMAR FL			LADDRESS SLIZIF			
TITLE	TD	[] DELETE	4.4 5 :	31 241		Cha	ange Addition
NAME	RAMPERSAD, NEELA		5 2			_	_
STREET ADDRESS	9251 CHELSEA DR.		5 3	LADORESS			
CrTY - ST - ZiP	MIRAMAR FL	E⊐ paula		Si Zir	- · · · · · · · · · · · · · · · · · · ·		
Till E NAME		☐ DELF1E	6 1			☐ Cha	angé 🔲 Addition
STREET ADDRESS			621 F 635 · t	1 ADDHESS			
CITY - ST - ZIP				SE ZIF		•	
14. I do hereby	y certify that the information supplied w	ath this filing is voluntarily furni			or the exemption stated in Section 119.	07(3)(k) Florida S	Statutes. I further
oath; that I	am an officer or director of the corpor	ation or tye poseiver or trustee	seu tehonnaria 3 Gurbonnaria	to execute the	or the exemption stated in Section 119. Its and that my signature shall have the s report as required by Chapter 607, Fig.	same iegai etieci irida Statutes; ar	, as it made under id that my name

SIGNATURE: Commande Lambers CAMNARINE RAMPERSAD

CR2E034 (12/95)