

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M18811** (3)

1. Corporation Name

**BHAMANI, FORD & ASSOCIATES, INC.**



Principal Place of Business

**4900 SW 74 CT  
MIAMI FL 33155**

Mailing Address

**4900 SW 74 CT  
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21. Sub. Apt. #, etc.

26. Sub. Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**BHAMANI, FERAZ ALI  
11055 SW 70 TERR  
MIAMI FL 33155**

3. Date Incorporated or Qualified

**08/01/1985**

3a. Date of Last Report

**04/03/1995**

4. FEI Number

**59-2577938**

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

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 607.1705, 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 obligation of Section 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                  |                              |            |
|------------------|------------------------------|------------|
| 12.1             | P                            | [ ] DELETE |
| NAME             | <b>BHAMANI, FERAZ ALI</b>    |            |
| Street Address   | <b>11055 SW 70 TERR</b>      |            |
| City, State, Zip | <b>MIAMI FL</b>              |            |
| 12.2             | V                            | [ ] DELETE |
| NAME             | <b>FORD, THOMAS H.</b>       |            |
| Street Address   | <b>7421 S.W. 138TH COURT</b> |            |
| City, State, Zip | <b>MIAMI FL</b>              |            |
| 12.3             | S                            | [ ] DELETE |
| NAME             | <b>TUPAC, RHEA</b>           |            |
| Street Address   | <b>9836 SW 8ST APT 122</b>   |            |
| City, State, Zip | <b>MIAMI FL</b>              |            |
| 12.4             | T                            | [ ] DELETE |
| NAME             | <b>BHAMANI, ZAINUL</b>       |            |
| Street Address   | <b>11055 SW 70 TERR</b>      |            |
| City, State, Zip | <b>MIAMI FL</b>              |            |
| 12.5             | V                            | [ ] DELETE |
| NAME             | <b>BHAMANI, FAZAL</b>        |            |
| Street Address   | <b>11055 SW 70 TERR</b>      |            |
| City, State, Zip | <b>MIAMI FL</b>              |            |
| 12.6             |                              | [ ] DELETE |
| NAME             |                              |            |
| Street Address   |                              |            |
| City, State, Zip |                              |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|       |                      |                                                                   |
|-------|----------------------|-------------------------------------------------------------------|
| 13.1  | 1. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2  | 1.2 NAME             |                                                                   |
| 13.3  | 1.3 STREET ADDRESS   |                                                                   |
| 13.4  | 1.4 CITY, STATE, ZIP |                                                                   |
| 13.5  | 2. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6  | 2.2 NAME             |                                                                   |
| 13.7  | 2.3 STREET ADDRESS   |                                                                   |
| 13.8  | 2.4 CITY, STATE, ZIP |                                                                   |
| 13.9  | 3. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 | 3.2 NAME             |                                                                   |
| 13.11 | 3.3 STREET ADDRESS   |                                                                   |
| 13.12 | 3.4 CITY, STATE, ZIP |                                                                   |
| 13.13 | 4. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 | 4.2 NAME             |                                                                   |
| 13.15 | 4.3 STREET ADDRESS   |                                                                   |
| 13.16 | 4.4 CITY, STATE, ZIP |                                                                   |
| 13.17 | 5. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 | 5.2 NAME             |                                                                   |
| 13.19 | 5.3 STREET ADDRESS   |                                                                   |
| 13.20 | 5.4 CITY, STATE, ZIP |                                                                   |
| 13.21 | 6. TITLE             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.22 | 6.2 NAME             |                                                                   |
| 13.23 | 6.3 STREET ADDRESS   |                                                                   |
| 13.24 | 6.4 CITY, STATE, ZIP |                                                                   |

14. I, the undersigned, certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(k) Florida Statutes. I further certify that the information in this filing is a true and accurate report or supplemental annual report or 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

(305) 663-6390

CR2E034 (12/95)