## 4-30.97 B-5904 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business  600 NORTHWEST 62ND AVENUE MIAMI FL 33166  M32560  (8)  (8)  (8)  (8)  Mailing Address  600 NORTHWEST 82ND AVENUE MIAMI FL 33166								
					<ol> <li>Date Incorporated or Qualifie</li> <li>05/23/1986</li> </ol>	1	Date of Last Re	aport
	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21	1   26   Suite Apt. # etc. Suite, Apt. #, etc.				59-2730959			t Applicable
22 Suite Apt.	# EEC.	Suite, Apr. W. etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	le	City & State	<del></del>	,	6. Election Campaign Financing	<del></del>	\$5.00	<del></del>
23		28			Trust Fund Contribution		Added t	
Zip =	Country	Zip	Countr	у	8. This corporation has liability f			199.032,
24	25   9. Name and Address of Curre	29	30		Florida Statutes  10. Name and Address of New	Yes		
		in uedisteren vidern	81	Name	IV. Hame allo Address of New	negistere	Agein	
SINGH, RAMKUMAR 6600 NORTHWEST 62ND AVENUE								
MIAMI FL 33166			62	5treet Add	ress (P.O. Box Number is Not Accep	table)		
mp	KIN I E SO ISS		83	1				
			84	City			<b>85</b> Zip (	Code
				7 0,		FI	_   00	
SIGNATURE	Supplie typed or purified harne of registered as	gent and tice if applicable (ACN)	OTE: Registered Ag	en! signature requ	alred when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICERS AN	ID DIDECTOR	9 IN 12
<b>'&amp;.</b> 	DP	DELETE	1.1 YOLE		ADDITIONS/OFFINANCES TO G	TOLIO AI	Change	Addition
NAME	SINGH, RUMKUMAR	<del>-</del>	1.2 NAME					_
STREET ADDRESS	6800 NW 82 AVE		1.3 STREE	T ADDRESS				
Crfy - S1 - 7IP	MIAMI FL		1.4 CITY-	ST-ZIP				
TITLE	V	☐ DELETE	2.1 TIFLE				☐ Change	Addition
NAME	SINGH, SAROJNI		2.2 NAME					
STHEEL ADDRESS	6600 NW 82 AVE		1	T ADORESS				
CHY: \$1:765	ST	DELETE	2. 4 CITY- 3.1 TITLE	***************************************			Change	Addition
NAMÉ	ROHIT, SINGH		32 NAME	l l				
STREET ADDRESS	AAAA 41144 AA4M 41 MILII III			T ADDRESS				
City: \$1-7IP	MIAMI FL		3.4. CITY -	ST-ZIP				
10116		DELETE	4,1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS	• .			
CHY SI-7IP		T NE. For	4.4 CITY-		·			A 2250
TILLE		DELETE	5.1 TITLE	1			Change	Addition
NAMÉ CANCEL L'ENDINCE	 		5.2 NAME					
STREET ADDRESS				T ADDRESS	v			
CITY - S1 - ZiP THILE		DELETE	5.4 CITY- 6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME		Second to the	6.2 NAME	]				******
STREET ADDRESS	}			Y ADDRESS				

6.4 CITY - ST - ZIP

14. If do hereby certify that the information supplied with this filing 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 eath; that I are 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:

COV-ST 7E

305-591-3911

**FILED** 

Apr 30 1997 8:00am

Secretary of State