

**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 # **M32995** (6)

1. Corporation Name  
**PEARL INTERNATIONAL, INC.**



Principal Place of Business: **1382 LAPALOMA CIR. WINTER SPRINGS FL 32708-4835**  
Mailing Address: **1382 LAPALOMA CIR. WINTER SPRINGS FL 32708-4835**

3. Date Incorporated or Qualified: **06/02/1986**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **59-2721842**  
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

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

9. Name and Address of Current Registered Agent  
**ZAIDI, SYED M. ALI  
1382 LAPALOMA CIR.  
WINTER SPRINGS FL 32708**

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 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: *[Signature]* x **4.29.96**  
Signature, typed or printed name of registered agent and title (required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZAIDI, SYED M.A.	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SALEEM, SYED MOHAMMAD	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAIDI, RIFFAT	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SARMA, KRISHNA	
STREET ADDRESS	1382 LAPALOMA CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALI A. ZAIDI
2.3 STREET ADDRESS	1382 LAPALOMA CIRCLE,
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MURAN ZAIDI
4.3 STREET ADDRESS	1382 LAPALOMA CIRCLE,
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE: *[Signature]* x **4.29.96** x **407-365-4033**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)