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

PROFIT
CORPORATION
ANNUAL REPORT

DOCUMENT #



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

1996	

M63663

(2)

ACCOL	ADES BUSINESS CONSU	ILTANTS, INC.					
Principal Place	of Business	Mailing Address			•		
7355 SW 96 : MIAMI FL 331 US		7355 SW 96 STR Miami Fl 33156 US				6 Date began costed a Chalified	3a. Date of Last Report
•••						3. Date Incorporated or Qualified 12/15/1987	01/13/1995
2. Principal Pla	nce of Business	2a. Mailing Address				4. FET Number	Applied For
21		26				65-0018618	Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	itani ible tax under s. 199.032,
24	25	29	30			Horida Statutes Yes 10, Name and Address of New Re	No
	g. Name and Address of Curre	ent Registered Agent		81	Name	10, Name and Address of New Ne	gistered Agent
DUANGA			į	1			
	ili, anand K. / 96 str			82	Street Addr	ess (P.O. Box Number is Not Acceptable	J)
MIAMI FI				83			
(1)44 4711 1 1	5 00 100		}	84	City		85 Zip Code
							FL
familiar with SIGNATURE _	ed agent, or both, in the State of Flo h, and accept the obligations of, Sei Structure, typed or printed name of registered age	ction 607.0505, Florida Statutes	S.			ation submits this statement for the purp of of directors. Thereby accept the appoint	ntment as registered agent. Lam
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	
THILF	DPS	☐ DELETE	1. 1 1:	TLF			Change Addition
NAME	BHANSALI, ANAND K.		1.2 NA	MÉ			
STREET ADDRESS	7355 SW 96 STR				ADDRESS		
CITY-ST-7IP	MIAMI FL	☐ DELETE	1.4 Cr 2 1 Ti		- ZiP		Change Addition
TITLE NAME	DV Bhansali, Meenu	L.J brech	2 2 NA				
STREET ADDRESS	7355 SW 96 STR				ADDRESS		
CITY-ST-ZIP	MIAMI FL		240	IY-SI	Z _i F ⁱ		
TITEF		☐ DELETE	3 1 7	TLE			Change Addition
NAME	*		3 2 N4				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4.00 4.1.10		· Z:P		Change Addition
NAME'		[] becc, c	4.2 N5				_ · • · _ · ····
STREET ADDRESS					ADURESS		
CITY-ST-ZIP			4.4 CV	IY-SI	- 2 -F		
TIFLE		☐ DELETE	5 1 TI				Change Addition
NAME			5.2 NA				
STREET ADDRESS					ADDRESS		
CITY: ST-ZIP TITLE		DELETE	5 4 Cr		- /:F'		Change Addition
NAME.		Поссо	6.2 NA				[] 4.4.9v
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 C-				

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 of poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if divinged or on an attachment with an address.

SIGNATURE: _

- AUAND BHANSALI

1/16/96

305-665-6805