

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

CORPORATION

ARTICLE A, SECTION 1

1995



FLORIDA DEPARTMENT OF STATE

TALLAHASSEE, FLORIDA

RECEIVED

DATE: MAY 10, 1995

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # M99146

(6)

ALBARIO INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7795 WEST FLAGLER STREET
SPACE #79AB
MIAMI FL 33144

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SPACE #79AB
MIAMI FL 33144

PRINTED WITHIN THIS SPACE

3. Date of Incorporation (or Amendment)	3a. Date of Last Report
09/19/1988	10/18/1994
4. FID Number	Approved For
65-0069354	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under 5-109.032 Florida Statutes	☐ Yes ☒ No

2. Date of First Report	2a. FID Number
21	26
3. Date of Last Report	3a. FID Number
22	27
4. City, State	4a. City, State
23	28
5. Country	5a. Country
24	29
6. Country	6a. Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KHURSHID, TARIO 15200 TATENSHALL TRL FT. LAUDERDALE FL 33331	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. 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 office or registered agent or both in the State of Florida. Each 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP CHAUDHARY, GLUAM A. 5360 KING ARTHUR AVE DAVE FL	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE		3. STREET ADDRESS	
NAME	DV KHURSHID, TARIO 5360 KING ARTHUR AVE DAVE FL	4. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY, STATE		6. STREET ADDRESS	
NAME	DS CHAUDHARY, DEBRA 5360 KING ARTHUR AVE DAVE FL	7. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY, STATE		9. STREET ADDRESS	
NAME	DT KHURSHID, PATRICIA 5360 KING ARTHUR AVE DAVE FL	10. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, STATE		12. STREET ADDRESS	
NAME		13. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE		15. STREET ADDRESS	
NAME		16. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, STATE		18. STREET ADDRESS	
NAME		19. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	
CITY, STATE		21. STREET ADDRESS	
NAME		22. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		23. NAME	
CITY, STATE		24. STREET ADDRESS	
NAME		25. CITY, STATE	☐ Change ☐ Addition
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STREET ADDRESS		89. NAME	
CITY, STATE		90. STREET ADDRESS	
NAME		91. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		92. NAME	
CITY, STATE		93. STREET ADDRESS	
NAME		94. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		95. NAME	
CITY, STATE		96. STREET ADDRESS	
NAME		97. CITY, STATE	☐ Change ☐ Addition
STREET ADDRESS		98. NAME	
CITY, STATE		99. STREET ADDRESS	
NAME		100. CITY, STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted on this change 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 secretary of the corporation or an authorized agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 14 of this report or on an official document with an address.

SIGNATURE: TARIO KHURSHID 3/8/95 (35) LRS-6221