SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -9 AM 10: 04

DOCUMENT # M99146 (6)

1. Corporation Name
ALBARIO INCORPORATED

Principal Place of Business
7795 WEST FLAGLER STREET
SPACE #79AB
MIAMI FL 33144

Mailing Address
7795 WEST FLAGLER STREET
SPACE #79AB
MIAMI FL 33144

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 05/10/1995
4. FEI Number: 65-0069354 — 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

2. Principal Place of Business
21 7795 W. Flagler st
Suite, Apt. #, etc.
22 79 A & B
City & State
23 Miami Fla.
24 Zip 33144 25 Country DADE

2a. Mailing Address
26 7795 West Flagler St.
Suite, Apt. #, etc.
27 #79 A & B
City & State
28 Miami Fla.
29 Zip 33144 30 Country DADE

9. Name and Address of Current Registered Agent
KHURSHID, TARIQ
15200 TATENSHALL TRL
FT. LAUDERDALE FL 33331

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 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

	Officer	Handwritten changes
TITLE	DP ☐ DELETE	
NAME	CHAUDHARY, GLUAM A.	15910 SW 56 st
STREET ADDRESS	~~5360 KING ARTHUR~~ AVE	Davie Fla. 33331
CITY-ST-ZIP	~~DAVIE FL~~	
TITLE	DV ☐ DELETE	
NAME	KHURSHID, TARIQ	15200 TATENSHALL
STREET ADDRESS	~~5360 KING ARTHUR~~ AVE	TRL
CITY-ST-ZIP	~~DAVIE FL~~	Ft. Laud. Fla. 33331
TITLE	DS ☐ DELETE	
NAME	CHAUDHARY, DEBRA	15910 SW 56 st
STREET ADDRESS	~~5360 KING ARTHUR~~ AVE	Davie Fla 33331
CITY-ST-ZIP	~~DAVIE FL~~	
TITLE	DT ☐ DELETE	
NAME	KHURSHID, PATRICIA	15200 TATENSHALL TRL
STREET ADDRESS	~~5360 KING~~ ARTHUR AVE	Ft. Laud. Fla.
CITY-ST-ZIP	DAVIE FL	33331
TITLE ☐ DELETE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE ☐ DELETE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	200001951072
3.3 STREET ADDRESS	-09/19/96--01009--012
3.4 CITY-ST-ZIP	****375.00 ****375.00
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (PRESIDENT) 8/21-96 305-263-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ghulam A-Chaudhary

CR2E034 (3/96)
0060064 CP