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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P92000003521 (1)

1. Corporation	on Name		/		
BANIN	M. INC.				
				A ARANGAN AKA MANA MANA ARANGAN ARANGAN	IKA BASIN BAIDA SIARI BAIKA NIBAK ANDA MADA
Principal Plac	ce of Business	Mailing Address		a 1981/461 the later state state state state	08 00 09
7966 TENNYSON COURT 7966 TENNYSON COU					
BOCA RATO	ON FL 33433	BOCA RATON FL 3343	3		
				3. Date incorporated or Qualified	3a. Date of Last Report
				11/03/1992	01/26/1995
·····	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suitz Ast	11 _1 .	[26]		65-0370584	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	le	City & State			Fee Hequired
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziji	Country	Zip	Country	8. This corporation has liability for inta	
24	25	29	30	Florida Statutes X Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	
			81 Name		
	OLIES, ISRAEL		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
7966 TENNYSON COURT		83			
BUUNI	RATON FL 33433		63		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508, Florida Statute	the above-named cornor	ration cultimits this statement for the numer	FL
or registe tembar w	ered agent, or both, in the State of Flor	rida. Such change was authorize	ed by the corporation's tioa	ration submits this statement for the purpor rd of directors. I hereby accept the appoint	tment as registered agent. I am
SIGNATURE	mill, this books the congestions on ear	TIOHUR DIR. OUGO, FRONTA DIR. GIG.			
SIGNATIONE	Styrial volityped or printed name of registeres ages	t and their applicance (NO	IE Registered Agent signature require	cl when reinstaling)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
T-Tr F	P	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	MARGOLIES, ISRAEL		1.2 NAME		
STREET ADDRESS	7966 TENNYSON COURT		1.3 STREET ADDRESS		
CITY-ST-ZIE TITL:	BOCA RATON FL VDT	[] DELETE	1.4 CITY - ST - ZIP		
NAMi	MARGOLIES, MICHAEL Z		2 1 TIFLE		Change Addition
STEEL ACURESS	ONE IBM PLAZA		2.2 NAME		
City St-ZiP	CHICAGO IL		2 3 STREET ADDRESS 24 CITY-\$1-ZIP		
hrut	VD.	[] DELFIE	3 1 TITLE		Change Addition
NAM }	MARGOLIES, ELLIOT		3 2 NAME		C original C restriction
STEELT ADDRESS	3205 EMERSON		3.3 STREET ADDRESS		
CHY ST ZIP	PALO ALTO CA		3.4 CHY-ST-ZIP		
THEF	V0	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAM:	MARGOLIES, JOSH		4.2 NAME		- —
STREET ADDRESS	8203 BLACKLAURN AVE		4.3 STREET ADDRESS		
CHY-S1-Zir	LOS ANGELES CA		4.4 CITY-ST-ZIP		
TILLE	VD	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME	MARGOLIES, JOEL		5.2 NAME		
STREET ADDRESS	7161 N KEDZIE AVE		5 3 STREET ADDRESS		
CHY-SI-ZIP	CHICAGO IL	ED Dever	5 4 CITY - ST - ZIP		
TULE		☐ DELETE	6 1 711LF		☐ Change ☐ Addition
NAME CHICAL ADDROCCE			6 2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CHTY - S1 - ZIP

14. I do nereby 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 arrival 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 on an attachment with an address. 2/5/96 407 391-7262