

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 # P92000004978 (2)

1. Corporation Name

AMIN, INC.



Principal Place of Business

1815 S SEMORAN BLVD  
APT. 37  
ORLANDO FL 32822  
US

Mailing Address

1815 S SEMORAN BLVD  
APT. 37  
ORLANDO FL 32822  
US

2. Principal Place of Business

2a. Mailing Address

21 1815 S. SEMORAN BLVD  
Suite, Apt. #, etc.

26 1815 S. SEMORAN BLVD  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO FL

28 ORLANDO FL 32822

24 Zip Country

29 Zip Country

25 32822 ORANGE

30 32822 ORANGE

9. Name and Address of Current Registered Agent

PATIDAR, KIRIT A  
1691 WATAUGA AVE #103  
ORLANDO FL 32812

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3153122

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

10. Name and Address of New Registered Agent

81 Name

PATIDAR, KIRIT A

82 Street Address (P.O. Box Number is Not Acceptable)

1815 S. SEMORAN BLVD

83

84

City ORLANDO

FL

85

Zip Code 32812

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

4/25/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PATIDAR, KIRIT A  
STREET ADDRESS 1691 WATAUGA AVE #103  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME PATIDAR, KIRIT A  
1.3 STREET ADDRESS 1815 S. SEMORAN BLVD  
1.4 CITY-ST-ZIP ORLANDO FL

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRIT A PATIDAR

4/25/96

Date

281-4018

Daytime Phone #

CR2E034 (12/95)