

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

APPROVED  
AND  
FILED

95 MAY -1 PH 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000013510 (1)

1. Corporation Name

SHAUKAT VAYANI, INC.

Principal Place of Business

Mailing Address

12018 N MIAMI AVE  
NORTH MIAMI FL 33161

12018 N MIAMI AVE  
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>02/23/1993                                                                                                  | 3a. Date of Last Report<br>05/02/1994 |
| 4. FEI Number<br>65-0394673                                                                                                                      | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                              |                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc<br>27 City & State<br>28 Zip Country |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

VAYANI, SHAUKAT  
12018 N MIAMI AVE  
NORTH MIAMI FL 33161

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (required) (607.1508 Registered Agent signature required when transferring) DATE

| 12. OFFICERS AND DIRECTORS                       |                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12            |                                                                                                                                     |
|--------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>VAYANI, SHAUKAT<br>12018 N MIAMI AVE<br>NORTH MIAMI FL 33161 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>300001484383<br>-05/11/95--01080--023<br>****200.00 ****200.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |                                                                   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>9/25/95                                                        |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 119.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/95 (305) 7546544