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 # P93000013709 (9)

1. Corporation Name
CD ISRABIAN, INC.

Principal Place of Business
1500 BAY RD #1146
MIAMI BCH. FL 33139

Mailing Address
1500 BAY RD #1146
MIAMI BCH. FL 33139

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 08/07/1995

4. FEI Number: 65-0391163 ☐ 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

2. Principal Place of Business
21 6770 Indian Creek Dr.
Suite, Apt. #, etc.
22 Suite 10E
City & State
23 Miami Beach, FL
Zip
24 33141
Country
25

2a. Mailing Address
26 6770 Indian Creek Dr.
Suite, Apt. #, etc.
27 Suite 10E
City & State
28 Miami Beach, FL
Zip
29 33141
Country
30

9. Name and Address of Current Registered Agent

ISRABIAN, CHAHE
1500 BAY RD #1146
MIAMI BCH. FL 33139

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ISRABIAN, CHAHE	
STREET ADDRESS	1500 BAY RD #1146	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6770 Indian Creek Dr. Suite 10E	
1.4 CITY-ST-ZIP	Miami Beach, FL 33141	
2.1 TITLE	V.P., T.,	☐ Change ☒ Addition
2.2 NAME	Samia KAI ISRABIAN	
2.3 STREET ADDRESS	6770 Indian Creek Dr.	
2.4 CITY-ST-ZIP	Miami Beach Fl. 33141	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.15.1996 Date
(305) 861-6479 Daytime Phone #