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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

NAME

STREET ADDRESS

Secretary of State DIVISION OF CORPORATIONS

DOCUM	MENT # P9300	001389	0 (7)						
	NTERNATIONAL, INC.								
Principal Place c	of Business	Mailing Addre							
8224 GRIFFIN ROAD DAVIE FL 33328-3715  8224 GRIFFIN ROAD DAVIE FL 33328-3715									
						3. Date incorporated or Qualified 02/15/1993		ate of Last Re 06/13/199	
. Principal Plac	ce of Business	2a. Mailing Ad	ddress			4, FEI Number 65-0481656			oplied For lot Applicable
Suite, Apt. #,	, etc.	Suite, Api	t. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & State			City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	3	Country		8. This corporation has liability for	intangible		
L	9 Name and Address of Curre	29 29 Ann		<u>- L</u>		10. Name and Address of New		d Agent	
KHAN, MATI-UR- R 8224 GRIFFIN ROAD DAVIE FL 33328-3715				82 83	Street Add	ess (P.C). Box Number is Not Accepta	ble)	. 85 Zip	
Pursuant to or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fid h, and accept the obligations of, Sc	02 and 607,1508, Filorida. Such change w ction 607,0505, Flori	orida Statutes, t vas authorized b ida Statutes.	the above t by the corp	named corpor oration's boa	ration submits this statement for the p rd of directors. I hereby accept the ap	urpose of o	changing its reas registered	egistered offic agent. I am
IGNATURE	Signature, typed or printed name of registered ag					d when reinstating	DATE		
2.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS A	ND D RECTO	RS IN 12
LE	P		DELETE	1 1 TIFLE				Change	Addition
ME	KHAN, MATI-UR R 8224 GRIFFIN ROAD			1.2 NAME	. + DCDF((C)				
REET ADDRESS	DAVIE FL 33328-3715				ADDRESS				
IY-S1-ZIP	VP VP		DELETE	1.4 CITY - 5 2 1 TITLE	51-219			Change	Addition
LE	IŞLAM, RAFIQUE-UL MD.		Deteri	2 2 NAME					
ME DOCT ADDRESS	8224 GRIFFIN ROAD				I ADDRESS				
REET ADDRESS	DAVIE FL 33328-3715			24 CITY-					
TY-ST-ZIP TLE	DATE IE GOLD OI TO		DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·		••	Change	☐ Addition
AME				3 2 NAME					
REET ADDRESS				3.3 STREE	T ADDRESS				
IY-ST-ZIP				3.4 CITY -:	S1 - 21P				
LE .			DELETE	4. 1 TITLE				Change	☐ Addition
iME .				4.2 NAME					
REET ADDRESS				4 3 STREE	T ADDRESS				
(1Y - \$1 - 21P				44 CiTY -	ST - ZIP				
ITLE			DELETE	5 1 TITLE				Change	☐ Addition
IAME				5.2 NAME					
STREET ADDRESS				5 3 STREE	T ADDRESS				
CITY - ST - ZIP				5 4 CITY -					- 144 c · ·
THILE			DELETE	6 1 TITLE	Į.			Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 eath; 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. MATIUR R. KHAN 4.13.46 (365)680 - 2337

ME OF SIGNING OFFICER OR DIRECTOR

Day time Phone + SIGNATURE: Halius

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST - 7IP