

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000015887 (1)

1. Corporation Name

MANDALA INC.



Principal Place of Business

7463-7467 INTERNATIONAL DR  
ORLANDO FL 32819

Mailing Address

7463-7467 INTERNATIONAL DR  
ORLANDO FL 32819

3. Date Incorporated or Qualified  
03/02/1993

3a. Date of Last Report  
02/03/1995

2. Principal Place of Business  
21 3213 Running Deer Path  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3213 Running Deer Path  
Suite, Apt. #, etc.

4. FEI Number  
59-3159020  
Applied For  
Not Applicable

22 City & State  
23 KISSIMMEE Florida  
24 34746 25 OCEOLA

27 City & State  
28 KISSIMMEE Florida  
29 34746 30 OCEOLA

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

9. Name and Address of Current Registered Agent

DE CASTRO VILLACA, ARGEMIRO  
1849 S KIRKMAN RD  
APT 1126  
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
3213 Running Deer Path  
83  
84 City KISSIMMEE Florida FL 85 Zip Code 34746

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	P	<input type="checkbox"/> DELETE
NAME	DE CASTRO VILLACA, ARGEMIRO	
STREET ADDRESS	1849 S KIRKMAN RD APT 1126	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EL ZEIN, SAMIR	
STREET ADDRESS	1849 S KIRKMAN RD APT 1126	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAO, MAI F	
STREET ADDRESS	1849 S KIRKMAN RD APT 1126	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3213 Running Deer Path
1.4 CITY - ST - ZIP	KISSIMMEE Florida 34746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3213 Running Deer Path
2.4 CITY - ST - ZIP	KISSIMMEE Florida 34746
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3213 Running Deer Path
3.4 CITY - ST - ZIP	KISSIMMEE Florida 34746
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

Date

Daytime Phone #

4/10/96 407-390-0150

CR2E034 (12/95)