

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000026035 (4)**

1. Corporation Name

TRI SILK, INC.

Principal Place of Business

**17073 NEWPORT CLUB DR.
BOCA RATON FL 33496**

Mailing Address

**17073 NEWPORT CLUB DR.
BOCA RATON FL 33496**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

29

Country

Country

9. Name and Address of Current Registered Agent

**RIEGLER, JAMES
1533 SUNSET DRIVE
SUITE 150
CORAL GABLES FL 33143**

3. Date incorporated or Qualified

04/05/1993

3a. Date of Last Report

04/18/1995

4. FET Number

65-0408805

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **MALANI, VIVEKA**
STREET ADDRESS **17073 NEWPORT CLUB DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**

☐ DELETE

TITLE **V**
NAME **BEDI, H**
STREET ADDRESS **88 BAL BAY DRIVE**
CITY-ST-ZIP **BAL HARBOR FL 33154**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form was truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is not an officer, director, or shareholder of the corporation, 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, and that I am a shareholder 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 of this report, or in the report filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96

407 977 7474

CR2E034 (12/95)