

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000034582 (5)**

1. Corporation Name
BENGAL OIL INC.



Principal Place of Business: **598 NE 44TH ST OAKLAND PARK FL US**
Mailing Address: **10994 RAVEL CT BOCA RATON FL 33498**

2. Principal Place of Business: **21 2400 NORTH STATE RD-7 LAUDERDALE LAKES, FL 33311 BROWARD**
2a. Mailing Address: **26 10994 RAVEL CT BOCA RATON, FLORIDA 33498 PALM BEACH**

3. Date Incorporated or Qualified: **05/12/1993**
3a. Date of Last Report: **08/30/1995**
4. FEI Number: **65-0407827**
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: **MONIRUZZAMAN, MOHAMMED 10994 RAVEL CT. BOCA RATON FL 33498**
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 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)* **MOHAMMED MONIRUZZAMAN** 5/30/96
Date: **5/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: MONIRUZZAMAN, MOHAMMED	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10994 RAVEL CT	CITY-ST-ZIP: BOCA RATON FL 33498	12 NAME:	
TITLE: VP	NAME: SHAIFUZZAMAN, S.M.	13 STREET ADDRESS:	
STREET ADDRESS: 2220 NW 33RD TERR	CITY-ST-ZIP: COCONUT CREEK FL 33068	14 CITY-ST-ZIP: VP MOHAMMAD M. KHAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	21 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	22 NAME:	
TITLE:	NAME:	23 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	24 CITY-ST-ZIP: BOCA RATON, FL-33498	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	31 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME:	
TITLE:	NAME:	33 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	
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TITLE:	NAME:	43 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE:	NAME:	53 STREET ADDRESS:	
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TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	64 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)(g), 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)* **MOHAMMED MONIRUZZAMAN** 5/30/96 407-852-6411
Date: **5/30/96** Telephone: **407-852-6411**

CR2E034 (12/95)