FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053660 (5)

ADSA INC.

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					
Principal Place of Business Mailing Address 801-23 STREET 301-23 STREET					•
MIAMI BEACH F	FL 33 139	MIAMI BEACH FL 33139-1715	5	1	
US		US		3. Date Incorporated or Qualified 07/29/1993	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	0 SW 34 Ter	26 5390 SW Suite, Apt. #, etc.	347em	65-0426546	Not Applicable
Sulte, Apt. (#, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	cand fly	City & State 28 F' T. /4/y LOS *	fla	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 333	Country 25 Ryowa	wd 29 33312 3	Country O Brownro	U	Yes X No
	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	Istered Agent
	INI, AMZAD A.		81 Name	MOAD LACK	$2 \wedge 1 / 2$
1335 N. E. 203 STREET 82				ress (P.O. Box Number is Not Acceptable	
N. M	IAMI FL 33139		83 539	10 3W 347	err
			63		
			84 City	T / 1	85 Zip Code
## Dureuent to	a the province of Sections 607.0	2502 and 607 1509 Florida Statutos	the above parced por	oration submits this statement for the pi	FL 333,2
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was au	, the above-hamed corporat	tion's board of directors. I hereby accep	t the appointment as registered
agent. I an	n familiar with, and accept the ob	ligations of, Section 607 0505, Florid	da Statutes.		10. hr
SIGNATURE 2	Signature, typed or printed name of registered	soort and tale it south able to the	WON LA	red when reinstaning)	1/50/4)
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 i THTLE		Change Addition
NAME	lalani, amzad		1.2 NAME		
STREET ADDRESS	1335 NE 203RD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY - \$1 - 7IP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CiTY-S1-7IP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1 - ZIP		
TITLE		☐ DELEJE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	4.4 CHY-ST-ZIP		Dha-ra Laurea
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		□ DETE IE	61 TITLE		LI Charige LI Addition
NAME STOCKY ADDRESS			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 logal 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.

CICALATURE.

144 100

4/20/00

305-5385957