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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996					
DOCI	IMENT	#			

Principal Place of Business  SOI S STATE RD 7 PLANTATION R. 33317  2. Principal Place of Elusiness  2. Maining Address  2. Maining Address  2. Principal Place of Elusiness  3. Disk interruptions or Qualifold  3	1. Corporation	IUM, INC.	00077079 (C	<i>)</i> )			1 188/1881 (NE 18786 (N)) 86/11 86/11 86			IIII <del>1883</del> 1811 1 <b>8</b> 01
PLANTATION FL 33817	Principal Place	of Business	Mailing Address				1 1001/1501 110 141101 1611/1 001/1 401/1			
2.   Principal Place of Business		· · · <del>-</del> · · .	+ +	7						
11/14/1993   06/26/1995   22   12   12   12   12   12   12   1	1 Dillining	TE WOOT	TENHINION IE 5501	•			3. Date Incorporated or Qualified	3a. Date	of Last	Report
2.   Mailing Address   2.   Mailing Address   3.   Mailing Address							1			•
Substitute	··	ce of Business	2a. Mailing Address	<del></del>		<del></del>	4. FEI Number		1241	Applied For
Subset   S							65-0449806			Not Applicable
20	Suite, Apt. #	f, etc.	— · · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		•	
20			— ·							
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Agent Agent   10. Name and N	Ζφ	Country	<del></del>	Coun	itry	= * * * * * * * * * * * * * * * * * * *	8. This corporation has liability for	ntanpib e tax		
RAMCHANDANI, RAMESH C 301 S STATE RD 7 PLANTATION FL 33317  11. Pursuant to the provision of Sections 607-0502 and 607-1508, Fordida 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 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 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 submits this statement for the purpose of changing its registered office or registered agent, as registered office or registered agent, as registered office or registered agent, as registered office of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as registered agent, as registered office or registered agent, as registered office of registered agent, as	24			30						
RAMCHANDANI, RAMESH C 301 S STATE RD 7 PLANTATION FL 33317  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 agent, or both, in the State of Florida. Sub-ordering was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, I am registered agent, or both, in the State of Florida. Sub-ordering was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, I am registered agent		9. Name and Address of Curr	ent Hegistered Agent		R1	Nama	10. Name and Address of New F	egistered A	gent	<del> </del>
30 I S STATE RD 7 PLANTATION FL 33317  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 suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligators of Sciotch 607,0505, Florida Statutes.  SIGNATURE  Signature Department of registered agent and test it approach may be a supplement of the purpose of changing its registered agent. I am familiar with, and accept the obligators of Sciotch 607,0505, Florida Statutes.  SIGNATURE  Signature Department of registered agent and test it approach may be a supplement of the purpose of changing its registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a supplement of registered agent. I am familiar with a sup										
PLANTATION FL 33317				•	B2	Street Addre	iss (P.O. Box Number is Not Acceptab	le)		
Set   City   File   Set				Ī	B3					
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or registered agent, or both, in the State of Hondes, such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am territary with, and accept the obligations of, Section 607 (Section 607 (	11 Purcuant to	the provinions of Sections 607 061	02 and 607 1509 Florido Statu	tos the about		mad antonio	tion authority this statement for the	<u> </u>	1 1	
SIGNATURE   Signature, typed or private face of accidated agent and title of accidance agent agent and title of accidance agent agent and title of accidance agent a	or registere	ed agent, or both, in the State of Flo	orida. Such change was authoriz	zed by the co	e-na orpor	meo corpora ation's board	ition submits this statement for the pur if of directors. I hereby accept the app	pose of char bintment as r	ging its egister	s registered office ed agent. I am
NOTE   Repaired agent of treat a lacipication (Price   Repaired agent on treat agent of treat agent on treat agent of tre		h, and accept the obligations of, Se	ction 607.0505, Florida Statute:	s.					_	
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Signature, typed or printed name of registered acc	ent and title if applicable (N	OTE: Registered A	Loents	ionature required	when reinstring	DATE	· <del></del>	
NAME   RAMCHANDANI, RAMESH, C   301 S STATE RD 7   1.2 NAME   1.3 STREET ADDRESS   1.2 CITY-ST-ZP   2.1 TITLE   Change   Addition	····						···		DIRECT	ORS IN 12
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144 LIDO Decemb Certify that the information supplied with this thing is voluntarily furnished and does not qualify for the exemption etated in Section 110 07/2/0/ Bloods Statutes I further		certify that the information supplier	d with this filing is voluntarily for				r the exemption stated in Section 110	07/3\/k\ Flori	da Stat	utae I further

oath; that I am an officer or director of the corporation or the receiver or frustee 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. RAMIESH RAMILHAMIDANI 3/8/96 191-6416