FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000007958 (9)

1. Corporation Name

KHUSHBI CORPORATION

Principal Place of Business
5764 N O.B.T.
ORLANDO FL 32810
US

Mailing Address
5764 N. O.B.T.
ORLANDO FL 32810
US

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-3215149 — 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

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 25 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 30 Country

9. **Name and Address of Current Registered Agent**

SOLANKI, NEIL A
5764 N. O.B.T.
SUITE 200
ORLANDO FL 32810

10. **Name and Address of New Registered Agent**
81 Name: SOLANKY, NEIL A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 ______ DATE: April-15-96

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	SOLANSKY, NEIL A	
STREET ADDRESS	5764 N. O.B.T.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	SOLANSKY, RITA BEN	
STREET ADDRESS	5764 N. O.B.T.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 1 TITLE		☒ Change ☐ Addition
1 2 NAME	SOLANKY NEIL A	
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☒ Change ☐ Addition
2 2 NAME	SOLANKY RITABEN	
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ 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: ______ Apr-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)