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

DOCUMENT # P9400020770 (1) 1. Corporation Name CORAL SPRINGS INTERNATIONAL BUILDING, INC.							
Principal Place of Business Mailing Address				······		MAIN MAINE NESS MANS I	9840 tobal 8040 ibbt
1680 SW 53RD AVE PLANTATION FL 33317 PLANTATION FL 33317							
					3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last 04/20/1	1995
2. Principal Place of Business 2a. Mailing Address		SS		4. FEI Number Applied For 65-0499903 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.		5. Certificate of Status Desired	\$8.7	75 Additional	
27				5. Certificate of Status Desired	Fe	e Required	
City & State		City & State			6. Election Campalgn Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	Count 30	ry	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under	s 199.032,
·····	9. Name and Address of Currer	nt Registered Agent		.1	10. Name and Address of New R	egistered Agent	
				1 Name			
SUBHASH R PURANIK			8	2 Street Addr	ddress (P.O. Box Number is Not Acceptable)		
300 NW 70TH AVENUE SUITE 202			8	3	,		
PLANTATION FL 33317							
, 541,,,	71011 1 2 000 17		8	4 City		FL B5	Zip Code
11. Pursuant te or registere familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and 607.1508, Florida ida. Such change was a tion 607.0505, Florida S	Statutes, the above authorized by the co- statutes.	named corpor poration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing it pintment as register	s registered office red agent. Fam
SIGNATURE _	Signature, typed or printed name of registered agen) ned title # applicable	(NOTE: Registered Ac	ent cionature require	dues nonclated	DATE	
12.		ID DIRECTORS	13.	to it algranor or expanse	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	TORS IN 12
TITLE	D	☐ DELE	TE 1. 1 TITL	E	-	Chang	ge 🔲 Addition
NAME	Puranik, Subhash		1.2 NAM	E			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY - ST - ZIP	PLANTATION FL 33317		1.4 CITY			F7 05	- D. Maria
TITLE	Delete Delete					☐ Chang	ge Addition
NAME	PURANIK, VASANTI 1680 S.W. 53 H AVE		2.2 NAM				
STREET ADDRESS	PLANTATURE II	22/2	i i	ET ADDRESS			,
CITY-ST-ZIP TITLE	PLANTATION, 11 33317			- ST- ZIP E		Chang	ge Addition
NAME			3 2 NAM				_
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CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELE	TE 4. 1 TITL	E		☐ Chang	ge Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP		[7] Chand	ns
TITLE		☐ DELE	1			Chang	ge Addition
NAME CTOSET ADDRESS			5.2 NAM	ET ADDRESS			
STREET ADDRESS				-ST-ZIP			
CITY-ST-ZIP TITL f		☐ DELE				☐ Chang	ge Addition
NAME			62 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP				-ST-ZIP			
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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 cath; 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 AND TYPED HAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DURANTE AND TYPED HAME OF SIGNING OFFICER OR DIRECTOR DURANTE AND TYPED HAME OF SIGNING OFFICER OR DIRECTOR