SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1997.
AMOUNT DUE ON OR BEFORE 5/1/97: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

FILED
May 07 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
~~1994~~ 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000021471

1. Corporation Name
FEMA VENTURES, INC
500 E. SEMORAN BLVD. STE. 2-H
CASSELBERRY, FL. 32707

Mailing Address
FEMA VENTURES, INC.
500 E. SEMORAN BLVD. STE. 2-H
CASSELBERRY, FL. 32707

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 3/24/94
3a. Date of Last Report: 4/1/96
4. FEI Number: 59-3230191 (Applied For ☐ / Not Applicable ☐)
5. Certificate of Status Desired $8.75 ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: MR. MAHMOUD SABR KHANI
	82 Street Address (P.O. Box Number is Not Acceptable): 500 E. SEMORAN BLVD. STE. 2-H
	83 ~~CITY~~
	84 City: CASSELBERRY FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: M. Sabr Khani — 4/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	MANUEL A. CALDAC,	1.2 NAME	
1.3 STREET ADDRESS	420 HOSPITAL LANE	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	TERRE HAUTE, IN. 47802	1.4 CITY-ST-ZIP	
2.1 TITLE	D.	2.1 TITLE	
2.2 NAME	FE J. CALDAC, MD	2.2 NAME	
2.3 STREET ADDRESS	420 HOSPITAL LANE	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	TERRE HAUTE, IN 47802	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	05/7/97
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	500002180215
6.2 NAME		6.2 NAME	-05/15/97--01092--018
6.3 STREET ADDRESS		6.3 STREET ADDRESS	***165.00
6.4 CITY-ST-ZIP		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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Sabr Khani — 4/29/97 — (407) 339-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #