

**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 # P94000068424 (8)**

1. Corporation Name

**KAMRAN FLORIDA INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

5106 S CONWAY RD  
SOUTH CONWAY RD  
ORLANDO FL 32812  
US

5106 SOUTH CONWAY RD  
ORLANDO FL 32812  
US

3. Date Incorporated or Qualified  
**09/14/1994**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

**59-3268470**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAHNAZ-BEGUN-AG MUNACUAR  
5106 SOUTH CONWAY RD  
SUITE 500  
ORLANDO FL 32812

81 Name

**SAADIA A.G. MUNAWAR**

82 Street Address (P.O. Box Number is Not Acceptable)

**13501-BUCKHORN RUN COURT**

83

84 City

**ORLANDO**

FL

85 Zip Code

**32837**

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 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

*Sadia Munawar*

**SAADIA A.G. MUNAWAR**

**04/08/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **MALIK, ABDUL G MUNAWAR**  
CITY-ST-ZIP **5106 S CONWAY RD**  
**ORLANDO FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **QADIR, SYED KHURSHEED**  
CITY-ST-ZIP **13501 BUCKHORN RUN CT**  
**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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VICE PRESIDENT/DIRECTOR**  
**SHAHNAZ BEGUM A.G. MUNAWAR**  
**13501-BUCKHORN RUN CT.**  
**ORLANDO, FL-32837**

**-DIRECTOR**  
**SAADIA A.G. MUNAWAR**  
**13501-BUCKHORN RUN CT**  
**ORLANDO, FL-32837**

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:

*Sadia Munawar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/08/96**

**407.826-0336**

Date

Daytime Phone #

CR2E034 (12/95)