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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DIVISION OF CORPORATIONS								
DOCUI 1. Corporation	MENT # P9400	00072640 (3)					
PRAGA	ATI INVESTMENTS, INC.							
						Ofilia i, ika lang #160 o ilik and		. Ediki dileh edir keci
Principal Place	on f Rusingee	Mailing Address			li			
Principal Place of Business Mailing Address 2075 STATE RD 84 2075 STATE RD 84								
FT LAUDERS	ALE FL 33315	2075 STATE RD 84 FT LAUDERDALE FL 33	FT LAUDERDALE FL 33315					
					3 Date	Incorporated or Qualified	3a. Date of Las	et Parcert
						/04/1994	09/06/	
· ·	ace of Business	28. Mailing Address			4. FEI N			Applied For
Suite, Apt.	# oto	26			6	5-0523412		Not Applicable
22	₩, G IC.	Suite, Apt. #, etc.			5. Certif	cate of Status Desired		.75 Additional ee Required
City & State	e	City & State			6. Electi	on Campaign Financing	\$5	5.00 May Be
23		28	···	·		Fund Contribution		dded to Fees
Z _I p	Country Zip		Country		l l	8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 29 3. Name and Address of Current Registered A		30 sent		· · · · · · · · · · · · · · · · · · ·	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
-				81 Name		Tuna radioso of flow t	togistored Agent	
MANCINO, CHRIS 82 Street Addre					Address (P.O. Bo	Number is Not Acceptate		
1215 SE 2ND AVE					71001000 (10100	- Trembor is that recopial		
SUITE 1			ľ	83				
FT LAUDERDALE FL 33316				84 City			—. 85	Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named					organian auboite	this statement for the ou	FL	4
1 bi register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	nda. Such change was authorize	ad by the co	orporation's	board of directors	. I hereby accept the app	cintment as registe	red agent. I am
SIGNIATURE		,						
	Storiature: typed or printed name of registered agent and tittal if applicable. (NOTE: Registered Agent signature requirements of the control					DATE		
12.	ST OFFICERS AF	DELETE	13. 1.170) E	ADDIT	IONS/CHANGES TO OFF	FICERS AND DIRECT	
NAME	THACKER, BHARAT		1.2 NAI		TUACKAR	, BHARAT	(A) Chang	ge [] Addition
STREET ADDRESS	2075 STATE RD 84		1.3 STREET ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL 33315		1.4 CITY - ST - ZIP					
TITLE	DP	☐ DELETE	2. 1 TIT	LE			Chan	ge 🔲 Addition
NAME	PATEL, GANPAT			22 NAME				
STREET ADDRESS	2075 STATE RD 84 FT LAUDERDALE FL 33315			EET ADDRESS				
CITY-SI-ZIP TITLE	TT DAUDENDALL TE 00010	☐ DELETE	24 CIT	Y-ST-ZIP			Chan	ge
NAME		_	3.2 NAM				L.J Shari	e- Li Madition
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP				
TITLE		DELETE	4. 1 T iT				Chang	ge 🔲 Addition
NAME STREET ADDRESS			4.2 NAM					
CITY-ST-ZIP				EET ADDRESS 1-St-Zip				
TITLE		☐ DELETE	5. 1 T(T				☐ Chan	ge 🔲 Addition
NAME		_	5.2 NAN				head -	
STREET ADDRESS			5.3 STR	éet address				
CITY-ST-ZIP				/-ST-ZIP				
TITLE		DELETE	6 1 TIT				Chang	ge 🔲 Addition
NAME STREET ADDRESS			6.2 NAN				-	
CITY-ST-ZIP				EET ADDRESS				

14. Ido 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: Bherat I Shacker significant or printed name of signing officer or director

4-21-96 954-192-2744

Date Daytine Phone #

CR2E034 (12/95)