FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000089196 (7) DOCUMENT

CIRCLE A-5, INC.

CHY-ST-7/P

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address 9510 SW 137TH AVE 9510 SW 137 AVE MIAMI FL 33186-2200 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 12/08/1994 07/12/1996 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 65-0540449 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z\phi$ Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ISRAELI, AHSAN Y 81 Name 9510 SW 137 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 City Zip Code 84 85 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. asew (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE change Addition TITLE AHSAN Y ISRAELI, AHSAN Y 1.2 NAME R2E034 NAME 10300 st 147 ct. ce \$ 30 14213 SW 90TH TERR 1.3 STREET ADDRESS STREE! ADDRESS miami fl Milami 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE TOUR NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-SI-7IP DELETE Change Addition 31 TITLE TiTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 4.4 CITY-ST-ZIP Change DELETE Addition 5 1 TITLE JITLE 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with arraddress.

am.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED May 05 1997 8:00am Secretary of State

Change

Addition

