SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION 1996-19



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000024756 (5)

FILED May 14 1997 8:00am Secretary of State

IAMPA	PHOPERHIES, INC.				
Principal Place of Business		Mailing Address	Mailing Address		-{
26 ADALIA AVE. TAMPA FL 33606 TAMPA FL 33606					
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995
Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 3309370 Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	0	City & State			B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	tel, sandip i			81 Name	PAWAN K KATTAN
	2 South Howard Ave. MPA FL 33606			82 Street Add	dress (P.O. Box Number is Not Acceptable) A VE
	•			83	_
				84 City	TAMPA FL 85 33606
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-named cor	poration submits this statement for the purpose of changing its registered
orlice or r agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	or Florida, Such change was a ations of Section 607.0505, Flo	utnorizea orida Statu	by the corpora ites.	poration submits this statement for the purpose of changing its registered lion's board of directors. I hereby accept the appointment as registered
SIGNATURE	10000				f
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT ID DIRECTORS	E: Registered	Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TR	LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	rattan, Pawan K		1.2 N	ME	1
STREET ADDRESS	26 ADALIA AVE.		1.3 ST	REET ADDRESS	'
CITY - ST - 7IP	TAMPA FL 33806	DELETE		TY-ST-ZIP	Change Addition
TITLE NAME	RATTAN, VEENA		2.1 TO 2.2 NA		Change Addition
STREET ADDRESS	26 ADALIA AVE.			REET ADDRESS	
CiTY-ST-ZIP	TAMPA EL 00000			TY-ST-ZIP	
TITLE	DELETE 31 TI			Change Addition	
NAME			3.2 N	ME	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 Til	TY-ST-ZIP	Change Addition
NAME		المالين المالين	4.1 H		C Overage C Addition
STREET ADDRESS			1	REET ADDRESS	
CITY - ST - ZIP				TY-ST-ZIP	
TITLE		DELETE	5.1 TI		Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 ST	REET ADDRESS	(36,2/14)
CITY-ST-7IP		T 55.5%		TY-ST-ZIP	
TIFLE		DELETE	6.1 Til		Change Addition
NAME			6.2 N/		300002190023
STREET ADDRESS				REET ADDRESS	300002190023 -05/23/9701082021 ***165.00
City - St - ZiP	L by certify that the information supplie	d with this filing is voluntarily for		TY-ST-ZIP nd does not au	書手 15つ。[1] alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further ce	irtify that the information indicated or	n this annual report or suppleme	ental annu	al report is true	and accurate and that my signature shall have the same legal effect as if ed to execute this report as required by Chapter 617, Florida Statutes; and

that my name appears in Block 12 or Block 13 if changed, or on an attachme

Daytime Phone #