


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 ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P95000028437 (8)

1. Corporation Name

DRAI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG 27 PM 12:31



Principal Place of Business

Mailing Address

1119 N.E. 6TH STREET
HALLANDALE FL 33009

1119 N.E. 6TH STREET
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 513 N. Dixie Hwy

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Hallandale FL

City & State

24 33009

25 BROWARD

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALI, ANWAR M
1119 N.E. 6TH STREET
HALLANDALE FL 33009

81 Name
82 DEJAN MILENKOVIC
83 Street Address (P.O. Box Number is Not Acceptable)
1119 N.E. 6TH ST.
84 City
Hallandale FL 85 Zip Code
33009

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: *Dejan Milenkovic*

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

(NOTE: Registered Agent's signature required when reinstating)

8-23-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEVANOVIC, DRAGISA
STREET ADDRESS 1119 N.E. 6TH STREET
CITY - ST - ZIP HALLANDALE FL 33009

TITLE VD
NAME ALI, ANWAR M
STREET ADDRESS 1119 N.E. 6TH STREET
CITY - ST - ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

TITLE
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

VD
DEJAN MILENKOVIC
1119 N.E. 6TH ST.
Hallandale, FL 33009

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dragisa Stevanovic*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DRAGISA STEVANOVIC

8/04/96 (954) 458-3443

Date

Day/Year/Phone

CR2E034 (3/96)