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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State DIVISION OF CORPORATIONS

1996

P95000037457 (5) DOCUMENT #

NAZAR	ENTERDRICES	INC

NAZAN ENTENPRISES, Principal Place of Business Mailing Address 20905 N.E. 8TH COURT 20905 N.E. 8TH COURT #102 BLDG 36 #102 RLDG 36 NORTH MIAMI FL 33179 NORTH MIAMI FL 33179 3. Date Incorporated or Qualified. 3a. Date of Last Report 05/11/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Ma'ling Address 21 26 Not Applicable Saite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Elorida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BHIMANI, ABDUL R 82 Street Address (P.O. Box Number is Not Acceptable) 20905 N.E. 8TH COURT 83 #102 BLDG 36 NORTH MIAMI FL 33179 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed harne of registerior agent and the diapple or OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE TITLE 1 1 IIII E BHIMANI, ABDUL R NAME 1.2 NAME 20905 N.E. 8TH CT #102 BLDG 36 STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI FL 33179** CITY - S1 - ZIP 1.4 CITY - ST - ZIP SVD DELETE 2.1 TIE:E Change Addit on TITLE BHIMANI, HAMIDA R NAME 2.2 NAME STREET ADDRESS 20905 N.E. 8TH CT #102 BLDG 36 2.3 STREET ADDRESS **NORTH MIAMI FL 33179** CHTY - ST - ZIP 2.4 CHY - \$1 - ZIP DELETE ☐ Change ☐ Addition 3 1 THILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - ST - ZiF DELETE Add tion TITLE 4 1 111116 Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.011Y - \$1 - ZIP DELETE Change TITLE 5 1 THEF ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CHY - ST - ZIP TITLE DELETE 6 1 THE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY - ST - 7iP City-St-7/P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished as a coes 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 eath; that I arm an officer or director of the corporation or the receiver or trustee empowere I to execute this report as required by Chapter 607, Fiorida Statutes; and that my name

SIGNATURE: ABDU LRIBHTIONANI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SI

04.26.96

(12/95)CR2E034