

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037473 (2)

1. Corporation Name
PINKY DISCOUNTS, INC.



Principal Place of Business: **1950 WEST 54TH STREET #104 HIALEAH FL 33012**
Mailing Address: **1950 WEST 54TH STREET #104 HIALEAH FL 33012**

3. Date Incorporated or Qualified: **05/11/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **10416 N.W. 7th Ave**
22 Suite, Apt. #, etc.
23 **MIAMI FLORIDA**
24 **33150** 25 **DADE**
26 **10416 N.W. 7th Ave**
27 Suite, Apt. #, etc.
28 **MIAMI FL.**
29 **33150** 30 **DADE**

4. FEI Number: **65-0580294**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KHALANI, ASHIO A
1950 W. 54TH STREET
#104
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0305, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when changing

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PTD <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KHALANI, ASHIO A | 2. NAME | |
| STREET ADDRESS | 1950 W. 54TH STREET #104 | 3. STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL 33012 | 4. CITY - ST - ZIP | |
| TITLE | SVD <input type="checkbox"/> DELETE | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERBATANI, ANWER A | 6. NAME | |
| STREET ADDRESS | 1950 W. 54TH STREET #104 | 7. STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL 33012 | 8. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 9. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 10. NAME | VICE PRESIDENT |
| STREET ADDRESS | | 11. STREET ADDRESS | SULTAN ALI PERBATANI |
| CITY - ST - ZIP | | 12. CITY - ST - ZIP | 7116 LAUREL LANE |
| TITLE | <input type="checkbox"/> DELETE | 13. CITY - ST - ZIP | MIAMI 33004 |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY - ST - ZIP | | 16. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 18. NAME | TREASURER |
| STREET ADDRESS | | 19. STREET ADDRESS | AMIR ALI PERBATANI |
| CITY - ST - ZIP | | 20. CITY - ST - ZIP | 7116 LAUREL LANE |
| TITLE | <input type="checkbox"/> DELETE | 21. CITY - ST - ZIP | MIAMI LAKES 33014 |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY - ST - ZIP | | 24. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 25. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 26. NAME | |
| STREET ADDRESS | | 27. STREET ADDRESS | |
| CITY - ST - ZIP | | 28. CITY - ST - ZIP | |

VICE PRESIDENT Change Addition
SULTAN ALI PERBATANI
7116 LAUREL LANE
MIAMI 33004

TREASURER Change Addition
AMIR ALI PERBATANI
7116 LAUREL LANE
MIAMI LAKES 33014

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

SIGNATURE: *Ali Perbatani* (ANWER ALI PERBATANI) 305-751-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)