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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000041263 (1)
1. Corporation Name
NADIA-STEVEN CORPORATION



Principal Place of Business: 2544 RIVERTREE CIRCLE SANFORD FL 32771
Mailing Address: 2544 RIVERTREE CIRCLE SANFORD FL 32771-8333

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 13902-2 Egret Terrace	26 13902-2 Egret Terrace	05/22/1995	05/02/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Orlando, FL.	28 Orlando, FL.	59-3358976	Not Applicable
24 32837	25 ORANGE	29 32837	30 ORANGE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHARRAN, CLEVELAND R 2544 RIVERTREE CIRCLE SANFORD FL 32771		81 Name	RAMANAND PERSAUD
		82 Street Address (P.O. Box Number is Not Acceptable)	13840 Osprey Links Road
		83	APARTMENT 209
		84 City	ORLANDO FL
		85 Zip Code	32837

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: RAMANAND PERSAUD x [Signature] DATE: 3/2/97

(NOTE: Registered Agent signature required when changing office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, RAMANAND	1.2 NAME	
STREET ADDRESS	1520 WASHINGTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARRAN, CLEVELAND R	2.2 NAME	CHARRAN, Cleveland
STREET ADDRESS	2544 RIVERTREE CIRCLE	2.3 STREET ADDRESS	13840 Osprey Links Rd. # 209
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	ORL. FL. 32837
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CHARRAN, NANDA P
STREET ADDRESS		3.3 STREET ADDRESS	13840 Osprey Links Rd # 209
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORL. FL. 32837
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PERSAUD, INDRANIE
STREET ADDRESS		4.3 STREET ADDRESS	13840 Osprey Links Rd. # 209
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORL. FL. 32837
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: x [Signature] DATE: 3/2/97 (407) 855-5445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)