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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041263 (1)

NADIA-STEVEN CORPORATION

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2544 RIVERTREE CIRCLE 2544 RIVERTREE CIRC SANFORD FL 32771 SANFORD FL 32771-8		2544 RIVERTREE CIRCLE			
			3. Date incorporated or Qualified	3a. Date of Last Report	
				05/22/1995	05/02/1996
	Place of Business	2a. Mailing Address	6 1- 1	4. FEI Number	Applied For
	02-2 Egretioneel	13902-2	Egait Town De	· 59-3358976	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ando, FL.	City & State 28 Octordo	fc.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipi 24 328	25 ORANGE	20 3283 7	Country 30 ORANGE	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 2 No
	9. Name and Address of Curre		(3.7.0	10, Name and Address of New Re	
254	ARRAN, CLEVELAND R 14 RIVERTREE CIRCLE		81 Name 82 Street Add	RAMA NAND PEA	SAUD RoAL
SAN	NFORD FL 32771		83	part Ment 20	9
			84 City 0	elando	FL 85 Zip Code 92837
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered
onice or	registered agent, or doin, in the state	e of riorida. Such change was	authorized by the corpora	Bright 2 board of directors, I hereby acce	ibi tue abbolitiment as registered
agent ra	ani tahinat with, and accept the oral	gations of section buz, usus, r	lorida Statutes		/ /
SIGNATURE	KAMANAND FEL	SAUD XC	There	- But	7/2/97
SIGNATURE	KAMANAD FCA Signature, typied or printed name of registered as	gent and title if applicable (NC	OTE: Registered Agent signature requ	ulred when reinstanty)	7/2/47 DATE
SIGNATURE	Skipuature, typed or printed name of registered as OFFICERS AN	gent and title it applicable (NC	DTE: Registered Agent signature requ	- But	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TIME	Signature, typed or protect name of registered as OFFICERS AN	gent and title if applicable (NC	OTE: Registered Agent signature requ	ulred when reinstanty)	DATE CERS AND DIRECTORS IN 12
SIGNATURE	Stynetore, typed or protect name of registered as OFFICERS AND PD PERSAUD, RAMANAND	gent and title it applicable (NC	TE Registered Agent signature requirements 13.	ulred when reinstanty)	DATE CERS AND DIRECTORS IN 12
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recommency centify that the information supplied who his hing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, Turner 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 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.