

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042379 (4)

1. Corporation Name

FIDASONS, INC.

Principal Place of Business

815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701

Mailing Address

815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701

FILED

96 DEC -5 PM 12:04

SECRETARY OF STATE



REINSTATEMENT 9660

3. Date Incorporated or Qualified 05/31/1995 3a. Date of Last Report

4. FEI Number 59-3317741 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

2. Principal Place of Business

21 734 N.W 6th Avenue

Suite, Apt. #, etc.

22 1000

City & State

23 Miami Florida

Zip

24 33136-3222

Country

25 U.S.A.

2c. Mailing Address

26 314 SABLE PARK PLACE

Suite, Apt. #, etc.

27 Apt. # 102

City & State

28 Longwood Florida

Zip

29 32799

Country

30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name Bashir Khaki
82 Street Address (P.O. Box Number is Not Acceptable) 314 Sable Park Place, Apt 102
83
84 City Longwood FL 85 Zip Code 32799

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

x 10/10/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME KHAKI, BASHIR
STREET ADDRESS 815 ORIENTA AVE SUITE 6
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS 815 ORIENTA AVE, SUITE 6
14 CITY - ST - ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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: x [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 10/10/96 (305) 373-3432 Date Daytime Phone #

CR2E034 (12/95)