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

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

P95000053571 (2)

KENYA MERCHANTS INC

MENT	A MICHOFIANTO INO.			
Principa' Place o	of Business	Mailing Address		
782 NW LEJEUNE ROAD STE 4401 MIAMI FL 33126		782 NW LEJEUNE ROAD STE 4401 MIAMI FL 33126		
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		593327923 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	Tris corporation has liability for intangible tax under s 199.032,
24	25	29	30	Florida Statutes 💹 Yes 🗍 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
541414	DIN 3440040 0004		81 Name	
	BUX, ZAHIR-UD-DEEN		82 Street Add	dress (P.O. Box Number is Not Acceptable)
782 NW LEJEUNE ROAD STE 4401 MIAMI FL 33126			83	
MIN-MAN I	L 33120			
			84 City	FL 85 Zip Code
SIGNATURE	, and accept the obligations of So	ction 607.0505, Florida Statutes	DTE: Registered Agent signature requi	and of directors. I hereby accept the appointment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1. 1 TITLE	Change Addition
NAME	RAHIM-BUX, ZAHIR-UD-DI		1.2 NAME	
STREET ADDRESS	782 NW LEJEUNE ROAD	STE 4401	1.3 STREET ADDRESS	
DITY-ST-7/P DITLE	MIAMI FL 33126 VS	DELETE	1.4 CITY- ST- ZIP 2 1 TITLE	Change
NAME	RAHIM-BUX, FOWZIA	occur	2 2 NAME	Change Addition
STREET ADDRESS	782 NW LEJEUNE ROAD	STE 4401	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		2 4 City-St-ZiP	
TITLE		☐ DELETÉ	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TILLE		☐ DELETE	34 CITY - ST - ZIP	
NAME			4 1 TITLE 42 NAME	Change Addition
STREET ADDRESS			4.3 STREFT ADDRESS	
CITY-ST-ZIP		-	4.4 CITY - ST- ZIP	
THE		☐ DELE 1E	5. 1 TITLE	Change Addition
NAME			5.2 NAME	
STHEET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	Ab A	- Delete	5.4 CITY - ST - ZIP	F-1
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-7/P	
14. I do hereby	certify that the information supplied	with this filing is voluntarily furn	ished and does not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that t	ne information indicated on this an	ຄມai recort or sunolemental ann	ual report is true and accur	ate and that my signature shall have the same legal effect as it made under its report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

OH - 12 - 96 , (HO7)858-0836

CR2E034 (12/95)