## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000069284 (4)

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Mailing Address Principal Place of Business 8420 NW 7TH STREET 8420 NW 7TH STREET PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Date Incorporated or Qualified 3a. Date of Last Report 09/08/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-060-7418 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζφ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KULHARI, NOOPUR Street Address (P.O. Box Number is Not Acceptable) 8420 NW 7TH STREET 82 PEMBROKE PINES FL 33024 83 65 Zip Code Ö ty 84 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 (NE)TE Registered Agent is ignature require twhen reinclating). Signature, type for printe I name of registered agent and the if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)13. OFFICERS AND DIRECTORS 12. Change AdJit on DELETE 117/16 TITLE E034 KULHARI, NOOPUR 1.2 NAME NAME 8420 NW 7TH STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TILLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 Cify - ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CHY - ST - JIP CITY-ST-ZIP Change Addition DELETE 4.1 HILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 71F CITY-ST-ZiP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY - ST - 2IP

5.4 CITY - ST - 2IP

61 TIFLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

NOOPUR KULHARI (PST) 6/6/96 (954)433-9052

Change Addition