

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 # **p95000071013**
1. Corporation Name
GROUP XII, Inc.

Principal Place of Business
**1920 S.W. 27 AVE
MIAMI, FL. 33145
U.S.A.**

Mailing Address
**1920 S.W. 27 AVE
MIAMI, FL. 33145
U.S.A.**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
3a. Date of Last Report
SEPT. 14, 1995

4. FEI Number
65-0612897

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. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**MICHAEL OWHADI
9819 S.W. 93TR
MIAMI, FL. 33176**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0515, Florida Statutes.

SIGNATURE *[Signature]* (VP) **MARIBET OWHADI** 7/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	MICHAEL OWHADI	
STREET ADDRESS	9819 S.W. 93TR	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	VP	DELETE
NAME	MARIBET OWHADI	
STREET ADDRESS	9819 S.W. 93TR	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP		Change	Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		Change	Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		Change	Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		Change	Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**600001897456
-07/18/96--01013--001
***225.00**

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 included 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: *[Signature]* **Michael Owhadi** 7/3/96 (305) 445-6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)