## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P95000075584 (9)

### KHASANA OVERSEAS CORPORATION

# FILED May 14 1997 8:00am Secretary of State

Principal Pla	SHORE DRIVE. SUITE 902	Ma % (	iling Address MICHAEL ORTIZ. P.A. 5 S. BAYSHORE DRIV MI FL 33133-5401	e. Suite	902		3. Date Incorporated or Qualified 3a. Date of Last Report
	80				<i>-</i>		10/02/1995 04/30/1996
2. Principal l	Place of Business	2a.	Mailing Address				4. FEI Number APPLIED FOR: 65-0659310 Applied For Not Applied
Suite, Apt	t. #, etc.	_ <del></del> _	Suite, Apt #, etc.				5 Certificate of Status Desired S8.75 Additional
City & Sta	ate	27	City & State				Fee Required
23	***	28	ony a onno				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Country		Zip	Cou	ınlry	·	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	· · · · · · · · · · · · · · · · · · ·	30	<b>T</b>		Florida Statutes Yes No
	g. Name and Address of Currer	nt Regist	ered Agent		81	None	10. Name and Address of New Registered Agent
	ITIZ, MICHAEL				(8)	Name	le ,
	85 S. Bayshore Drive ITE 902				82	Street	et Address (P.O. Box Number is Not Acceptable)
	MI FL 33133				83		
171W					84	City	<b>—∎ 85</b> Zip Code
							FL 85 Zip Code and corporation submits this statement for the purpose of changing its registere or poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN			16 : Flegistere	d Age	ent Bignature	ure required which reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	117	ILE		Change Addition
NAME	CARCIENTE, MOISES			1.2 N	AME		
STREET ADDRESS				1.3 S	1REE1	ADDRESS	s (
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	80				T- ZIP	
TITLE	STD Moreno, Felix		☐ DELETE	211			Change Additi
NAME STREET ADDRESS	AAAA MAALEE ALLIB BBILEE A	140R		2.2 N		ADDRESS	e l
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331					AUUMLOO ST-ZIP	
TITLE	D	<u> </u>	DELET <b>E</b>	3.1 T		e - 41	☐ Change ☐ Addition
NAME	CARCIENTE, VIVIAN			3.2 N	AME		
STREET ADDRESS				3.3 \$	TREET	ADDRESS	s
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	80	The second			51-2IP	
TITLE			☐ DELETE	4.1 70			S Change M Addition
NAME				4.21		ADDDECO	Ortiz, Michael
STREET ADDRESS CITY-ST-ZIP						ADDRESS T-ZIP	1 2003 B. Bayshore Dr. Suite 902
TITLE			DELETE.	5.1 T		n-Zir	Miami, FL. 33133 Crange Addition
NAME			•	52 N			
STREET ADDRESS						ADDRESS	s
CITY-ST-ZIP				540	ηγ·S	T- <b>Z</b> )P	
TITLE			☐ DELETE	6.1 7	ITLE		Change Addition
NAME				6.2 N	<b>AME</b>		
STREET ADDRESS				6.3 S	TREET	ADDRESS	s
CITY-ST-ZIP	1			6.4 C	(1Y · S	1 - 7(P	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.