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 # P95000094069 (8)

1. Corporation Name

AMIN ASSOCIATES, INC.

Principal Place of Business
2906 JEANETTE COVE
OVIEDO FL 32765

Mailing Address
2906 JEANETTE COVE
OVIEDO FL 32765

3. Date Incorporated or Qualified: 12/11/1995

3a. Date of Last Report:

2. Principal Place of Business
21 2906, Jeanette Cove
Suite, Apt. #, etc.
22 —
City & State
23 OVIEDO, FLORIDA.
Zip 24 32765 Country 25 Seminole

2a. Mailing Address
26 2906, Jeanette Cove
Suite, Apt. #, etc.
27 —
City & State
28 OVIEDO, FLORIDA.
Zip 29 32765 Country 30 Seminole

4. FEI Number: 59-3351694 ☑ 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

9. Name and Address of Current Registered Agent

AMIN, DILIP A
2906 JEANETTE COVE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: AMIN, DILIP A.
82 Street Address (P.O. Box Number is Not Acceptable): 2906, Jeanette Cove
83
84 City: OVIEDO FL 85 Zip Code: 32765

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 SANTOSH. R. AMIN. [signature] 4-29-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	AMIN, DILIP A	
STREET ADDRESS	% 2906 JEANETTE COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	AMIN, RAJU R	
STREET ADDRESS	% 2906 JEANETTE COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	200001841563	☐ Change ☐ Addition
5.2 NAME	-05/28/96--01068--005	
5.3 STREET ADDRESS	***208.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: RRAmin 4/28/96 (407)-365-6223.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #