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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000000320 (7)**

FILED Apr 11 1997 8:00am Secretary of State

| | LD'S PLACE OF SUNILAND ace of Business 4TH AVE RD 3158 | Mailing Address 12400 SW 84TH AVE R MIAMI FL 33158-5830 | | | | | | |
|--|--|--|---|--|--|------------------|-----------------------|---|
| | | | | | 3. Date Incorporated or Qualified 01/02/1996 | 3a. Dat | te of Last | Report |
| 2. Principal 1] | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | 65-06738. | 55 | | Not Applicable |
| Suik', A | or r, one | 27 | | | Certificate of Status Desired | | 7 | Additional Required |
| City & St | tale | City & State | , | | 6. Election Campaign Financing | TTU | | О мау Ве |
|] | | 28 | | | Trust Fund Contribution | | | d to Fees |
| - Zp 1 | Country | Zip | Count | ry | 6. This corporation has liability for | | | s. 199.032, |
| J | 25 9. Name and Address of Curi | 29 rent Registered Agent | 30 | · | Florida Statutes 10. Name and Address of New Re | Yes Doistered A | | *************************************** |
| R(| OHANI, ZARIN | | 8 | 1 Name | | | | |
| 12 | 2400 SW 84TH AVE RD IAMI FL 33156 | | 8. | 2 Street Add | dress (P.O. Box Number is Not Acceptate | ole) | | |
| , **** | Irdiii i E 00100 | | В | 3 | | | | |
| | | | 8 | 4 City | | | 85 Z | p Code |
| Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida Such change was agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida. | | | | 1 | | FL | 1 1 | |
| | | g, | rionua statut | les. | | | | |
| 2. | Signation typical or printed name of registives A OFFICERS A | agent and title if applicable (I | iÓlE-Registered A | Agent signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | DIRECTO | DRS IN 12 |
| 2. 'Lf | Segment of types of expended name of tegers red OFFICERS A | agont and title if applicable (f | 101E Registered A | gent signature requ | uired when reinstating) | DATE | | DRS IN 12 |
| 2. Tuf Savie | OFFICERS A D ROHANI, ZARIN | agent and title if applicable (I | 13. 1.1 TITLE | gent signature requ | uired when reinstating) | DATE | DIRECTO | DRS IN 12 |
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| Z. TLE ME REFT ADDRES TY-ST-281 | OFFICERS 7 D ROHANI, ZARIN 12400 SW 84TH AVE RD | agent and title if applicable (I | 13. 1.1 1/1LE 1.2 NAM | Agent signature requires | uired when reinstating) | DATE CERS AND | DIRECTO | DRS IN 12 |
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information irridicated 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:

3-13-97

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