

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000040095 (7)**

1. Corporation Name
HOLLYKINS, INC.



Principal Place of Business 780 N.W. 42ND AVE- 918- MIAMI FL 33126- US	Mailing Address 780 N.W. 42ND AVE- 918- MIAMI FL 33126- US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5840 S. Dixie Hwy.		2a. Mailing Address 5840 S. Dixie Hwy.		3. Date Incorporated or Qualified 05/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 65-0762763	
City & State Miami, Fl. 33143		City & State Miami, Fl. 33143		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33143		Zip 33143		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VAIDYA, RAVI 780 N.W. LEJEUNE RD 6TE-318 MIAMI FL 33126		10. Name and Address of New Registered Agent	
		81 Name MINAZ PORBANDERWALA	
		82 Street Address (P.O. Box Number is Not Acceptable) 5840 S. Dixie Hwy.	
		83	
		84 City Miami	
		85 Zip Code FL 33143	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALADIN, AMIN		1.2 NAME MINAZ PORBANDERWALA	
STREET ADDRESS 14700 S.W 88TH ST.		1.3 STREET ADDRESS 5840 S. Dixie Hwy.	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, Fl. 33143	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARPIA, RAFIQ		2.2 NAME AMIR HOODA	
STREET ADDRESS 14700 SW 88TH ST.		2.3 STREET ADDRESS 5840 S. Dixie Hwy.	
CITY-ST-ZIP MIAMI FL 33196		2.4 CITY-ST-ZIP Miami, Fl. 33143	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOODA, AMIR		3.2 NAME MINAZ PORBANDERWALA	
STREET ADDRESS 14700 SW 88TH ST.		3.3 STREET ADDRESS 5840 S. Dixie Hwy.	
CITY-ST-ZIP MIAMI FL 33196		3.4 CITY-ST-ZIP Miami, Fl. 33143	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAIDYA, RAVI		4.2 NAME MUBIN KASSAM	
STREET ADDRESS 780 N.W. LEJEUNE RD., #318		4.3 STREET ADDRESS 5840 S. Dixie Hwy.	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP Miami, Fl. 33143	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)