FILE NOW: FILING FEE AFTER MAY 1 18-\$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortisam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052846 (8)

ROSHAN INVESTMENTS CORPORATION

Principal Place of Business

Mailing Address

Marie Control Control

97 JUN 20 AH 7: 67

SECRETARY OF STATE TALLAHASSEE FLORIDA



10740 SW 66 MIAMI FL 3317		10740 SW 66 DR. MIAMI FL 33173-2037							
					3. Date Incorporated or Qualified 06/20/1996	3a. Da	te of Last	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 06 772	73		Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intargible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	lgent		
	ryanani, ashok		81	Name					
10740 SW 6 8 DR. MIAMI FL 33173			62		ddress (P.O. Box Number is Not Acceptable)				
			83		· · · · · · · · · · · · · · · · · · ·				
Ŧ			84	City		FI	85 Zip	Code	
11. Pursuant office or re	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat	02 and 607.1508, Florida Statu e of Florida Such change was	tes, the abov authorized b	e-named cor y the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep		LLL changing sintment as	its registered	
SIGNATURE									
12.	Signature, typed or printed name of registered at OFFICERS At	PERI AND DIRECTORS	It Registered Age	on! signature requ	ured when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE.	DIDECTO	DC 101 10	
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CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY - S		****169	5.08	****1	65.00	
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TOLE			6.1 1/11₹				Change	Addition	
NAME •			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	1- Z IP					
TALL LAID NOVAD	a portify that the information auxilia	المام المتابع			11 0 11 110 07 101 11				

r on nereby 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 angular report or supplied in that must report is true and accurate and that my signature shall have the same logal effect as if made under or I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 of charged, at on an attachment with an address.