

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00433

(0)

1. Corporation Name

PURI & NANGIA ASSOCIATES, INC.

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
276 ALHAMBRA CIR CORAL GABLES FL 33134-5104	276 ALHAMBRA CIR CORAL GABLES FL 33134-5104

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/18/1990	04/15/1994
4. FEI Number	Applied For
65-0215924	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PURI, KIRSHMAN DEV 276 ALHAMBRA CIR CORAL GABLES FL 33140

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE ☐ Change ☐ Addition
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY- ST- ZIP	1.4 CITY- ST- ZIP
TITLE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY- ST- ZIP	2.4 CITY- ST- ZIP
TITLE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY- ST- ZIP	3.4 CITY- ST- ZIP
TITLE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY- ST- ZIP	4.4 CITY- ST- ZIP
TITLE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY- ST- ZIP	5.4 CITY- ST- ZIP
TITLE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY- ST- ZIP	6.4 CITY- ST- ZIP

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 110.07(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 addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-95 (305) 448-9691

Date

Signature 1 Name 2