

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 # S33214 (5)

1. Corporation Name
DISUP INC.



Principal Place of Business

Mailing Address

C/O SONIA D. JHANGIMAL
9425 S.W. 91 STREET
MIAMI FL 33176

C/O SONIA D. JHANGIMAL
9425 S.W. 91 STREET
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 9425 SW 91 St
Suite, Apt. #, etc.

26 9425 SW 91 St
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL
Zip

28 MIAMI, FL
Zip

24 33176

25 US

29 33176

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/20/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0333523

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

10. Name and Address of New Registered Agent

JHANGIMAL, SONIA
9425 SW 91ST STREET
MIAMI FL 33176

81 Name

JHANGIMAL, SONIA

82 Street Address (P.O. Box Number is Not Acceptable)

9425 SW 91st ST

83

84 City

MIAMI,

FL

85 Zip Code
33176

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 fee (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JHANGIMAL, DIPU	
STREET ADDRESS	9425 SW 91 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JHANGIMAL, SONIA	
STREET ADDRESS	9425 SW 91 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JHANGIMAL, DIPU	
1.3 STREET ADDRESS	9425 SW 91 ST	
1.4 CITY - ST - ZIP	MIAMI, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JHANGIMAL, SONIA	
2.3 STREET ADDRESS	9425 SW 91 St	
2.4 CITY - ST - ZIP	MIAMI, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

Sonia D. Jhangimal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA D. JHANGIMAL

04-24-96

305-279-6348

Date

Daytime Phone #

CR2E034 (12/95)