

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V28552** (0)
1. Corporation Name
FLORIDA PACIFIC COMPANY INC.



Principal Place of Business
**711 NW 35TH AVE
MIAMI FL 33125**

Mailing Address
**711 NW 35TH AVE
MIAMI FL 33125**

3. Date Incorporated or Qualified
04/14/1992

3a. Date of Last Report
01/27/1995

2. Principal Place of Business
21 **5208 NW 165 Street**
Suite, Apt. #, etc.

2a. Mailing Address
5208 NW 165 Street
Suite, Apt. #, etc.

4. FEI Number
65-0325669

Applied For
☐ Not Applicable

22 **Miami Florida**
City & State

27 **Miami Florida**
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **33014** **USA**
Zip Country

28 **33014** **USA**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **9. Name and Address of Current Registered Agent**

8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes ☒ Yes ☐ No

**VALIANI, RAFIK A
19710 NE 10TH COURT
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CHAGANI, FIRDOUS	1.2 NAME	
STREET ADDRESS	711 NW 35TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CHARANIA, MEHMOOD R	2.2 NAME	
STREET ADDRESS	19710 NE 10TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VALIANI, RAFIK A	3.2 NAME	
STREET ADDRESS	19710 NE 10TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: **RAFIK VALIANI** **01/26/96 (305) 621-2358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)