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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V29813** **(5)**

1. Corporation Name
PASOLA, INC.

Principal Place of Business	Mailing Address
PO BOX 130098 SUNRISE FL 33313	PO BOX 130098 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1992**
3a. Date of Last Report: **05/31/1994**

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

4. FEI Number: **65-0341460** ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOTHARI, KIRIT 6320 W. OAKLAND PARK BLVD. SUNRISE FL 33313	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 607.0505 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: KOTHARI, KIRIT (S.S.) — 4/28/95
(Typed or printed name of person signing) (New Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
11 TITLE	PSD	61 TITLE PSD ☐ Change ☐ Addition
12 NAME	KOTHARI, KIRIT	62 NAME Kothari, Kirit
13 STREET ADDRESS	~~6320 W. OAKLAND PARK BLVD.~~	63 STREET ADDRESS 275 SW 13 Street
14 CITY ST ZIP	SUNRISE FL 33313	64 CITY ST ZIP Miami, Fl 33130
21 TITLE		71 TITLE ☐ Change ☐ Addition
22 NAME		72 NAME
23 STREET ADDRESS		73 STREET ADDRESS
24 CITY ST ZIP		74 CITY ST ZIP
31 TITLE		81 TITLE ☐ Change ☐ Addition
32 NAME		82 NAME
33 STREET ADDRESS		83 STREET ADDRESS
34 CITY ST ZIP		84 CITY ST ZIP
41 TITLE		91 TITLE ☐ Change ☐ Addition
42 NAME		92 NAME
43 STREET ADDRESS		93 STREET ADDRESS
44 CITY ST ZIP		94 CITY ST ZIP
51 TITLE		91 TITLE ☐ Change ☐ Addition
52 NAME		92 NAME
53 STREET ADDRESS		93 STREET ADDRESS
54 CITY ST ZIP		94 CITY ST ZIP
61 TITLE		61 TITLE ☐ Change ☐ Addition
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY ST ZIP		64 CITY ST ZIP

14. I declare that I have examined the information supplied with this filing, is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

4/28/95
Date

305-742-9358
Daytime Phone #

0433476 FP