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May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V51123 (0)

1. Corporation Name  
BHOJWANI'S INCORPORATED

Principal Place of Business  
345 LINCOLN RD  
MIAMI BEACH FL 33139

Mailing Address  
345 LINCOLN RD  
MIAMI BEACH FL 33139-3102



3. Date Incorporated or Qualified 07/16/1992  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0346967	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

BHOJWANI, KOMAL  
SPARBER, KOZNITSKY LAW FIRM  
1401 BRICKELL AVE 7 FL  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOJWANI, JAIDEEP R	1.2 NAME	CHANGES PENDING
STREET ADDRESS	345 LINCOLN RD		
CITY-ST-ZIP	MIAMI BEACH FL	1.3 STREET ADDRESS	
TITLE	DT	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOJWANI, KOMAL	2.1 TITLE	COURT ORDERS
STREET ADDRESS	345 LINCOLN RD		
CITY-ST-ZIP	MIAMI BEACH FL	2.2 NAME	
TITLE	V	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOJWANI, RAMCHAND	2.4 CITY-ST-ZIP	
STREET ADDRESS	345 LINCOLN RD	3.1 TITLE	
CITY-ST-ZIP	MIAMI BCH. FL	3.2 NAME	
TITLE	S	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHOJWANI, SUNITA	3.4 CITY-ST-ZIP	
STREET ADDRESS	345 LINCOLN ROAD	4.1 TITLE	
CITY-ST-ZIP	MIAMI BEACH FL	4.2 NAME	
TITLE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	

14. I do hereby 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 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: JAIDEEP BHOJWANI 4/30/97 305-674-1520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0189485

CR2E034 (9/96)