FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61130** **(3)**

1. Corporation Name
ETHNIC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~8091 S.E. VILLA CIRCLE~~ ~~HOBE SOUND FL 33455~~	~~8091 S.E. VILLA CIRCLE~~ ~~HOBE SOUND FL 33455~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/31/1992**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business
21: **8264 N.W. 14 St**
22: Suite, Apt. #, etc.
23: City & State: **MIAMI FL**
24: Zip: **33126** 25: Country: **U.S.A.**

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **65-0356616** ☐ 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 Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GHAZNAVI, SHARIQ
8091 S.E. VILLA CIRCLE
HOBE SOUND FL 33455

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: RAFAT GHAZNAVI — Rafat Ghaznavi — DATE: 4.20.95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	11 TITLE	☐ Change ☐ Addition
NAME	GHAZNAVI, SHARIQ	12 NAME	000001488010
STREET ADDRESS	8091 S.E. VILLA CIRCLE	13 STREET ADDRESS	-05/16/95--01008--013
CITY ST ZIP	HOBE SOUND FL 33455	14 CITY ST ZIP	****205.00 ****205.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GHAZNAVI, RAFAT	22 NAME	
STREET ADDRESS	8091 S.E. VILLA CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	HOBE SOUND FL 33455	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALI KHAN, MOHAMMED NOORIMTIAZ	32 NAME	
STREET ADDRESS	8091 S.E. VILLA CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	HOBE SOUND FL 33455	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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)(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: S. Ghaznavi SHARIQ GHAZNAVI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980226 CP