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 # 556245 (9)

1. Corporation Name

MAHARAJA OF INDIA, INC.

Principal Place of Business

~~13514 FRONT BEACH RD~~
PANAMA CITY FL 32407
US

Mailing Address

~~13514 FRONT BEACH RD~~
PANAMA CITY FL 32407
US

2. Principal Place of Business
21 645 W. 23Rd ST
Suite, Apt. #, etc.
22
City & State
23 Panama City FL
Zip 24 32405 Country 25

2a. Mailing Address
26 645 W. 23Rd ST
Suite, Apt. #, etc.
27
City & State
28 Panama City Fl.
Zip 29 32405 Country 30

3. Date Incorporated or Qualified: 12/29/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1768107 ☐ 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

9. Name and Address of Current Registered Agent

SAMTANI, MANU
6905 THOMAS DR
PANAMA CITY FL 32407

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 645 W. 23Rd ST.
83
84 City Panama City FL 85 Zip Code 32405

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SAMTANI, KURMAR	
STREET ADDRESS	62A	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	P	☐ DELETE
NAME	SAMTANI,MANU	
STREET ADDRESS	6905 THOMAS DR.	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	645 W. 23RdST	
1.4 CITY-ST-ZIP	Panama City Fl. 32405	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	645 W. 23Rd ST	
2.4 CITY-ST-ZIP	Panama City Fl. 32405	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 Date

904-763-4224 Daytime Phone #