

**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 # **M95702** (0)

1. Corporation Name  
**INDIA GEMS INTERNATIONAL, INC.**



Principal Place of Business: **36 NE 1ST ST STE 302 MIAMI FL 33132 US**  
Mailing Address: **% MALIK MAKHIJA 36 NE 1 ST. STE 302 MIAMI FL 33132 US**

3. Date Incorporated or Qualified: **08/24/1988**  
3a. Date of Last Report: **05/16/1995**  
4. FEI Number: **65-0110399**  
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAKHIJA, MALIK  
36 N.E. 1ST ST.  
S302  
MIAMI FL 33132**

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: \_\_\_\_\_ (Name of Registered Agent, signature required when registered) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. DP MAKHIJA, MALIK 36 N.E. 1ST ST. 302 MIAMI FL  
2. DS MAKHIJA, ELVIRA 36 N.E. 1ST ST. 302 MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP  
2.1 TITLE; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP  
3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP  
4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP  
5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP  
6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 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: *Malik Makhija* MALIK MAKHIJA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305-374-5137  
DATE DATE/PHONE #

CR2E034 (12/95)