FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000061727 (2) **DOCUMENT #**

SRIRAM ENTERPRISES, INC.

Principal Place of Business 4490 B S.W. 34TH ST.

SIGNATURE:

Mailing Address

4490 B S.W. 34TH ST



ORLANDO FL 32811		ORLANDO FL 32811				
						3. Date Incorporated or Qualified Sa. Date of Last Report 09/02/1993 04/28/1995
2. Principal Place of Business		2a. Mailing Address 26				4. FEI Number Applied For
<u> </u>						95-3863950 Not Applicab
Suite, Apt. #, etc.		Suite, Apl. #, etc.				5. Certificate of Status Desired Security \$8.75 Additional Fee Required
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7.1	Country	Zip	T 0	ountry		This corporation has liability or intangible tax under s 199.032,
4	25	29	30			Florida Statutes Yes No
	Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
SRINIVASAN, G S				82	Street Ark	dress (P.O. Box Number is Not Acceptable)
	IRAM ENTERPRISES, INC.			"	GIIOGI AGC	diess (* 10. box Hambor to Hot Floodplating)
	SW 34TH STREET			83		
ORLAN	DO FL 32811			84	City	85 Zip Code
					1	FL `
or registere familiar with SIGNATURE	d agent, or both, in the State of Hom, , and accept the obligations of, Sect	da Such change was authori ion 607.0505, Florida Statute	ized by the	e corp	ooration's bo	oration submits this statement for the purpose of changing its registered off and of directors. I hereby accept the appointment as registered agent. I am
	greatine typied or pentad name of registered agent				nt signature requir	red when reinstating) DATE
2 .	OFFICERS AN		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLF	SRINIVASAN, GRANDAI	☐ DELETE		1 TITLE		☐ Change ☐ Addition
AM:	4490 B S.W. 34TH ST.			NAME		
IREFT ADDRESS	ORLANDO FL 32811				I ADDRESS	
IT ST-ZIF	DT	[] DELETE		CITY - :	ST-ZIP	Channe C Addition
AM:	SRINIVASAN, JAYA			NAME	1	Change Addition
THEFT ADDRESS	4490 B S.W. 34TH ST.				I ADDRESS	
Ilir-SI-ZiP	ORLANDO FL 32811				Į	•
DE T	D	DELFTE		CITY-!	SI-ZIP	☐ Change ☐ Addition
AME	BORDEN, LINDA			NAME		
TREET ADDRESS	4490 B S.W. 34TH ST.				1 ADDRESS	
HY ST ZIP	ORLANDO FL 32811		•	CITY-		
ili i		☐ DELFTE		1 TITLE	<u> </u>	Change Addition
AM _t			4 2	NAME		
CHEET ADDRESS			4.3	STREE	ADDRESS	
01 Y - S1 - 21F			4.4	CHY-S	ST-ZIP	
ITEE		DELETE	5	1 TITLE		☐ Change ☐ Addition
aMI.			5.2	NAME		
THEFT ADDRESS			5.3	STREET	ADDRESS	
11 t - \$1 ZIP			54	CITY-S	ST-ZIP	
HUF		DELFTE	6	1 TITLE		☐ Change ☐ Addition
IAME			62	NAME		
THEET ADDRESS			63	STREE	ADDRESS	
ITY ST-ZIP		·		CITY-S		
 certify that t 	he information indicated on this annu	ial réport or supplemental an	nual repor	1 is tre	ue and accur	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under nis report as required by Chapter 607, Florida Statutes; and that my name