

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000029712 (1)
 1. Corporation Name

SHAH CONSULTING GROUP INCORPORATED



Principal Place of Business

19491 BLACK OLIVE LANE
 BOCA RATON FL 33498

Mailing Address

19491 BLACK OLIVE LANE
 BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BHIKHA, JAGRUTI S
 19491 BLACK OLIVE LANE
 BOCA RATON FL 33498

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

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 _____

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 PRESIDENT Change Addition
 1.2 NAME J. BHIKHA
 1.3 STREET ADDRESS 19491 BLACK OLIVE LN
 1.4 CITY-ST-ZIP BOCA RATON FL 33498

2.1 TITLE MANAGING DIRECTOR Change Addition
 2.2 NAME P. BHIKHA
 2.3 STREET ADDRESS 19491 BLACK OLIVE LN
 2.4 CITY-ST-ZIP BOCA RATON FL 33498

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 _____

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 _____ 0-1-98 441-883-0918

CR2E034 (5/98)