Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90058 034 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700032216

1. Corporation Name

RELIANCE USA, INC.

	•				
Principal Place	of Business	Mailing Address			[[681560]
36 NE 1ST ST		36 NE 1ST ST			•
STE #222	•	STE #222			DO NOT INDITE IN THE COACE
MIAMI FL 33132	2	MIAMI FL 33132			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
		a Maille Address			04/08/1997 4. FEI Number Applied For
·	ace of Business	2a. Mailing Address			1 T
21	#	Suite, Apt. #, etc.			65-0745108 Not Applicable \$8.75 Additional
					5. Certificate of Status Desired
27 City & State City & State				-	6. Election Campaign Financing \$5.00 May Be
23	•	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	ī .		Personal Property Tax.
	9. Name and Address of Current	. I 			10. Name and Address of New Registered Agent
			81	Name	•
	GANI, NANDLAL H		82 Street Address (P.O. Box Number is Not Acceptable)		
8881A FONTAINEBLEU BOULEYARD SUITE 303 MIAMIFL 33172 SUITE NO. 222				OH OOL F	Triducios (1 Tot. Box Pullias is The Francisco
SUIT	5-303 36 N E	13/ 227	83		
MAX	11 FL 331 72 Sui Ta	ENU. 222	84	Oit.	85 Zip Code
	ന്വിനെ	IFC 33/32	04	City	FL S Z S S S S S S S S
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent	signature re	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETË	1.1 TITLE	[BHNUMNI MINDLACTO
NAME	BANGANI, NANDLAL H		1.2 NAME		PLANTISH CHREET # 222
STREET ADDRESS	8881A FONTAINEBLEU BOULEV	/ARD	1.3 STREET A	i	MIAMI FL 33132
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-	ZIP	V.P. RONPONI DIATECH · PChange Addition
TTLE	VP	☐ DELETE	2.1 TITLE	[Donatally Divesti + -
NAME	BANGANI, DINESH H	·	2.2 NAME		36NE 189 STREET # 222
STREET ADDRESS	8881A FONTAINEBLEU BOULEV	AKU	2.3 STREET A	ADDRESS [MIAMI FL 33132
CITY-ST-ZIP ·	MIAMI FL 33172	— — — — — — — — — — — — — — — — — — —	2.4 CITY-ST-	-ZIP	V.P. BANGANI LAXMIBAI Change Addition
TITLE		☐ DELETE	3.1 TITLE	1	V.Y. DRIVUANI VANIII DAI GOILING CONTROL
NAME			3.2 NAME		36NE 181 STREET # 222
STREET ADDRESS			3.3 STREET /		MIAMI FL 33/32
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST- 4.1 TITLE	- ZIP	↑ Change Addition
TITLE		€ Deceie	4.1 RILE		
NAME				, DDDDCCC	
STREET ADDRESS	•		"4.3 STREET A	- 1	,
CITY-ST-ZIP		DELETE	4.4 CITY-ST- 5.1 TITLE	-ZIP	☐ Change ☐ Addition
TITLE	•	C Details	5.1 HILE 5.2 NAME		7.000
NAME			5.3 STREET A	ADDRESS	s
STREET ADDRESS		*	5.4 CITY-ST-	I	
CITY-ST-ZIP		☐ DELETE .	6.1 TITLE		☐ Change ☐ Addibit
TITLE		- Deterie			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP