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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

V41374

(2)

SHARMILA ENTERPRISES, INC.

Orinoinal Dis-	: ·	EA-W-		3. Date Incorporated or Cuelified O6/26/1995  4. FEI Number S9-3126485   Applied For Not Applicable S. Certificate of Status Desired   S8.75 Additional Fee Required    6. Election Campaign Financing S5.00 May Be Added to Fees Ryland Contribution   Added to Fees Part Fund Contribution   Research Ryland					
Principal Place	e of Business I AVE. S.W.	Mailing Address	À.			***************************************	Wrst William (		***************************************
1	CH FL 32968	2495 27TH AVE. S.N VERO BEACH FL 32							
			·						
	ace of Business	2a. Mailing Address					<del></del>		Applied For
Suite, Apt. a	# pto	26	· · · · · · · · · · · · · · · · · · ·			59-3126485		بارساست	
City & State		Suite, Apt. #, etc.	h			Fee Required			
23		h1				+			
Zip <b>24</b>	Country	Zip	ountry						
24	25   9. Name and Address of Curre	29  nt Registered Agent	30	[30]					
	g, wante and rearess of Carre	ur negletetet Whell	<del></del>	81	Name	10. Name and Address of New Ro	egistered Ag	ent	···
PATHA	K N								
	BNLOOMFIELD DR			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	***************************************	****
UNIT				83					
PALM	BEHAC GARDENS FL 33444				A:				
				1 1	,				•
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ove-ne	amed corpora	ation submits this statement for the purp	ose of chang	ing its r	registered offic
familiar with	h, and accept the obligations of, Seci	tion 607,0505, Florida Statutes	eo by the c	corpo	ration's poar	d of directors. I hereby accept the appo	intment as reg	jistered	lagent. Lam
SIGNATURE			_						
12,	Signature, typod or printed name of registered agen			Agent	signature required				
TITLE	D OFFICERS AN	D DIRECTORS  DELETE				ADDITIONS/CHANGES TO OFFICE			
NAME	PATHAK, BHAVESH	Doccur					L. (	Change	Addition
STREET ADDRESS	1524 41ST AVENUE		1.3 STREE		Control				
CITY-ST-ZIP	VERO BEACH FL								
TITLE	D	DELETE			- 11r		Γ'') (	hanne	C) Addition
NAME	PATHAK, SHARMILA	••					ш,	niungo	☐ Youthou
STREET ADDRESS	1524 41ST AVENUE		23 \$1	IREET A	DDRESS				
CITY-ST-ZIP	VERO BEACH FL			4 CITY - ST - ZIP					
TITLE.		☐ DELETE						hange	Addition
NAME			3.2 NA	ME	ĺ				
STREET ADDRESS			3.3. S`	TREET A	ADDRESS				
C/TY-ST-7/P			3.4 CI	IY-\$I-	ZIP				
TILE								hange	Addition
NAME DIOSCI ADDRICOS									1
STREET ADDRESS			4.3 ST	REET AC	DORESS				
CITY+S1+ZIP		C OCCU			7.P				
NAME	DEFEJE		•				□ c	hange	☐ Addition
STREET ADDRESS			- 1		Dontee				
CITY-ST-ZIP									
TITLE	[] DELETE			54 CITY-ST-ZIP 6 1 THILE			<u>гл                                    </u>	hange	Addition
NAME		suit vinner	6.2 NA		}			และเกิด	Addition
STREET ADDRESS				HEET AC	ndress				
CITY-ST-ZIP				Y-ST-					
14. Ldo hereby	certify that the information supplied v	vith this filing is voluntarily furnis	shod and c	lone r	not avalify for	the exemption stated in Section 119.07	'(3)(k), Florida	Statute	s. I further
oath; that I s		ai report or supplemental annu ration or the receiver or trustee	al report is			e and that my signature shall have the sa report as required by Chapter 607, Flori			

SIGNATURE

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #