

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J74255** (7)
1. Corporation Name
TATA TEA INC.



Principal Place of Business 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33568 US	Mailing Address 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33568 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1987	
4. FEI Number 59-2809920		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent VENKITESWARAN, V. 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33568				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SETH, D.S.			1.2 NAME			
STREET ADDRESS	24 HOMI MODY STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	BOMBAY, INDIA			1.4 CITY - ST - ZIP			
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAVARANA, F.			2.2 NAME			
STREET ADDRESS	24 HOMI MODY ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	BOMBAY IN			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLOSLEY, J. F.			3.2 NAME			
STREET ADDRESS	2912 LAFAYETTE AVENUE			3.3 STREET ADDRESS			
CITY - ST - ZIP	NEW YORK, NY.			3.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VENKITESWARAN, V.			4.2 NAME			
STREET ADDRESS	1001 DR M.L. K. JR. BLVD.			4.3 STREET ADDRESS			
CITY - ST - ZIP	PLANT CITY FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOONAVALA, N. A.			5.2 NAME			
STREET ADDRESS	24 HOMI MODY STREET			5.3 STREET ADDRESS			
CITY - ST - ZIP	BOMBAY, INDIA			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUMAR, R.K. KRISHNA			6.2 NAME			
STREET ADDRESS	1, BISHOP LEFROY ROAD			6.3 STREET ADDRESS			
CITY - ST - ZIP	CALCUTTA, INDIA			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)(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.

SIGNATURE: VENKITESWARAN 1/12/98 813-754-2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0550804

CR2E034 (10/97)