FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 27 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 # P96000022306

1. Corporation Name
DEVI INVESTMENTS, INC.

Principal Place of Business
5020 N Main St
Jacksonville, FL 32206-1446

Mailing Address
SAME

3. Date Incorporated or Qualified: 04/01/96
3a. Date of Last Report: 1997

2. Principal Place of Business
21 5020 N Main St
Suite, Apt. #, etc. 22
City & State 23 Jacksonville, FL
Zip 24 32206 Country 25 U.S.A.

2a Mailing Address
26 same
Suite, Apt. #, etc. 27
City & State 28 same
Zip 29 same Country 30 same

4. FEI Number: 59-3368120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Naresh Maisuria
3558 Phillips Highway
Jacksonville, FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Naresh Maisuria		12 NAME	
STREET ADDRESS	3558 Phillips Highway		13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		14 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Devbala Maisuria		22 NAME	
STREET ADDRESS	3558 Phillips Highway		23 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I do 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: NARESH MAISURIA 4/7/98 904 398 6961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #