04291999-90086-003-$150.00-$150.00

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90086 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020250

1. Corporation Name
BANA, INC.

Principal Place of Business	Mailing Address
105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701	105 E ALTAMONTE SPRINGS DR ATLAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3538001 ☐ Applied For ☐ Not Applicable

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

6. Elect on Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, PRABODH
815 ORIENTA AVE
STE 6
ATLAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Dilshad L Maher Ali
82 Street Address (P.O. Box Number is Not Acceptable): 895 S. Wymore Rd
83 Apt # 1935A
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Dilshad L. Maherali 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ALI, MUKHTAR H		1.2 NAME	Dilshad L Maher Ali	
STREET ADDRESS	105 E ALTAMONTE SPRINGS DR		1.3 STREET ADDRESS	895 S. Wymore Rd #1935A	
CITY-ST-ZIP	ATLAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALI, JAMIL M		2.2 NAME		
STREET ADDRESS	105 E ALTAMONTE SPRINGS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: [signature] V.P. 4-20-99 (407) 3310322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #