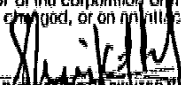


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	FILED 95 JUL 11 AM 9:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 464990 (1)				
1. Corporation Name SUNI HOUSE OF INDIA, INC.				
Principal Place of Business 20-22 MERRICK WAY CORAL GABLES FL 33134		Mailing Address 20-22 MERRICK WAY CORAL GABLES FL 33134		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1974
21		26		3a. Date of Last Report 06/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number 59-1560331
22		27		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24		25		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
KOTHARI, KIRIT I. 20-22 MERRICK WAY CORAL GABLES FL 33134			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE				
12. OFFICERS AND DIRECTORS				
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	SINGH, DARSHAN	1.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS	8580 S W 126 TERR	1.2 NAME		
CITY-ST-ZIP	SO MIAMI, FL 33155	1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	SV	2.1 TITLE	☐ Change ☐ Addition	
NAME	PARIKH, SHRIKANT R	2.2 NAME		
STREET ADDRESS	1601 S W 82ND CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE	☐ Change ☐ Addition	
NAME	KOTHARI, KIRIT I	3.2 NAME		
STREET ADDRESS	5801 S.W. 74TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SHRIKANT R. PARIKH 7/3/95 305-444-2348				
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)				