

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 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 # 475930

(4)

1. Corporation Name
LAXMI CORPORATION

Principal Place of Business

6700 NW 77 COURT
MIAMI FL 33166

Mailing Address

6700 NW 77 COURT
MIAMI FL 33166

11400 NW 32 AVE
MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1975

4. FEI Number

59-1699559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MAGRAM, HOWARD C.P.A.
9700 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PATEL, AMBUBHAI VANMALI
STREET ADDRESS 6700 NW 77 COURT 11400 NW 32 AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE SD
NAME PATEL, GOVANBNAI VANMALI
STREET ADDRESS 6700 NW 77 COURT 11400 NW 32 AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE TVD
NAME PATEL, KIRAN
STREET ADDRESS 6700 NW 77 COURT 11400 NW 32 AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE VD
NAME PATEL, DIPAK
STREET ADDRESS 6700 NW 77 COURT 11400 NW 32 AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE VD
NAME PATEL, ANIL
STREET ADDRESS 6700 NW 77 COURT 11400 NW 32 AVE
CITY-ST-ZIP MIAMI FL 33167

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

7-15-98 (305) 688-1000 EXT 402

CR2E034 (5/98)