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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 640045

(1)

1. Corporation Name
TOLANI BROTHERS-USA, INC.

Principal Place of Business
**350 LINCOLN RD., STE. 412
MIAMI BEACH FL 33139-0148**

Mailing Address
**350 LINCOLN RD., STE. 412
MIAMI BEACH FL 33139-3148**



3. Date Incorporated or Qualified
07/30/1979

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 **2121 N.E. Bayshore Dr.**

26 **2121 N.E. Bayshore Dr.**

Suite, Apt. #, etc.
22 **APT. # 1209**

Suite, Apt. #, etc.
27 **APT. # 1209**

City & State
23 **Miami Fl**

City & State
28 **Miami Florida**

Zip Country
24 **33137** 25

Zip Country
29 **33137** 30

4. FEI Number
59-2113146

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

10. Name and Address of New Registered Agent

**MAHON, TIMOTHY K.
777 BRICKELL AVENUE, SUITE 1114
MIAMI FL 33131**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **TOLANI, GOVIND R.**
STREET ADDRESS **2121 N. BAYSHORE RD #601**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **TOLANI, GOVIND R.**
1.3 STREET ADDRESS **2121 N. BAYSHORE DR. #1209**
1.4 CITY-ST-ZIP **MIAMI FL-33137**

TITLE **VP** ☐ DELETE
NAME **TOLANI, SURESH**
STREET ADDRESS **2121 N BAYSHORE RD #505**
CITY-ST-ZIP **MIAMI BEACH FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **TOLANI, SURESH**
2.3 STREET ADDRESS **2121 N. BAYSHORE DR. #505**
2.4 CITY-ST-ZIP **MIAMI FL-33137**

TITLE **S** ☐ DELETE
NAME **TOLANI, PUSHPA**
STREET ADDRESS **2121 N BAYSHORE RD #601**
CITY-ST-ZIP **MIAMI BEACH FL**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **TOLANI PUSHPA**
3.3 STREET ADDRESS **2121 N. BAYSHORE DR. #1209**
3.4 CITY-ST-ZIP **MIAMI FL-33137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Puchpa G. Tolani. (Sect)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 97
Date

576-4687
Daytime Phone #

CR2E034 (9/96)