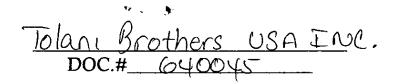
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Principal Place of Business Mailing Address				FILED			
2121 NE Bayshore			(.	01		 PM 12: 2	R
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Principal Place of Business	3. Mailing Address	<u>-</u>				, FLORID	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT	WAITE IN THE	S SPACE	
City & State	City & State	· -		4. FEI Number			oplied For of Applicable
Zip Country	Zip	Court	try	5. Certificate of Status Desir	ed []	\$8.75 Ad	Stional
6. Hame and Address of Current I	Registered Agent		Name	7. Name and Address of N	w Registere		
Tologi Covind				s (P.O. Box Number is Not Accept	able)		
Tolari, Govind 2121 NE Bay	shore Dr	•			•		· · · · · · · · · · · · · · · · · · ·
Miami, FL 3	, 3137		City		F	Zip Cod	
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		s registere		tered agent, or both, in the State of	al Florida.	<u></u>	
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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT