FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 661036

1. Corporation Name

(4)

PRIMDALE PROPERTIES (U.S.A.), INC.

FILED
Apr 30 1997 8:00am
Secretary of State

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3205 S.E. 19 AVENUE P.O. BOX 21370 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33335-1370 US										
							3. Date Incorporated or Qualified 03/06/1980		e of Last F	Report
2. Principal Pla	on of Euringse	2a. N	failing Address	-i		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 44/4		pplied For
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Suite, Apt. #	Late		uite, Apt. #, etc.			······	00 2010002			Additional
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City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
23		28	ip		untry					
Zip	Country		ıβ		л ц у			or intangible tax under s. 199.032, Yes No		
24	[25]	29		30			10. Name and Address of New Re			
	9. Name and Address of Curr	ent Hegiste	rea Agent		81	Name	10. Natile BIN Accides Of New He	Aistolea L	- Beit	
	nani, raj K.				ָר ^{ָם}	Name				
251	island dr,				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	**************************************	
KEY	BISCAYNE FL 33149									
					83					
					84	City			85 Zip	Code
					~	City		FL	B3 Z1P	
office or re agent. Lan	egistered agent, or both, in the Sta in familiar with, and accept the obt	ite of Florida igations of, (. Such change was Section 607.0505, I	s autnorize Florida Sta	tute	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appo	ointment a	s registered
	Signarure, typed or pented name or registered. OFFICERS A			13.		ork algirators requ	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
12.	PID	MD DIRECT	DELETE	1.1 7			ADDITIONS/OFFANGES TO OFFICE	LI IO FII IO	Change	Addition
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NAME	HEMNANI, RAJ K.				IAME					
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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 influed 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 comporation 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. 3 if changed, or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-94

(954) 4678465

Daytime Phone #