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Mar 26 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F32547

1. Corporation Name
ZAMINDARI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O CRAIG NASH 6262 SUNSET DR PENTHOUSE 1 SOUTH MIAMI FL 33143 4841 W 4 Ave Hialeah Fl 33012	C/O CRAIG NASH 6262 SUNSET DR PENTHOUSE 1 SOUTH MIAMI FL 33143

03/26/99 90018 004 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 4841 W 4 AVE 22: Suite, Apt. #, etc. 23: City & State: HIALEAH FL 24: Zip: 33012 25: Country: USA	2a. Mailing Address 26: 4841 W 4 Ave 27: Suite, Apt. #, etc. 28: City & State: HIALEAH FL 29: Zip: 33012 30: Country: USA
3. Date Incorporated or Qualified: 04/28/1981	
4. FEI Number: 65-0143293	☐ 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
7. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NASH, CRAIG M 6262 SUNSET DR PENTHOUSE 1 SOUTH MIAMI FL 33143	81 Name: Carol Sokolow, CPA 82 Street Address (P.O. Box Number is Not Acceptable): 9500 S. Dadeland Blvd., #700 83: 84 City: Miami, FL 85 Zip Code: 33156

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: Carol Sokolow CPA — 4/14/99
Signature of new 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	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEWITT, DAVID E	1.2 NAME	
STREET ADDRESS	4841 W 4TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3-1-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/23