

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90256 043 \*\*\*150.00

DOCUMENT # F94000006620

1. Corporation Name

VIRANI'S INVESTMENTS, INC.

Principal Place of Business  
ELEGANT ACCENTS  
K-917 ALTAMONTE MALL  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address  
P.O. BOX 1619  
SUGARLAND TX 77487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

76-0450989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

29 32750

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAN, ZAHIRUDIN  
K-917 ALTAMONTE MALL  
ALTAMONTE SPRINGS FL 32701

81 Name

AHMED GULAM HUSSAIN

82 Street Address (P.O. Box Number is Not Acceptable)

213 SHERIDAN AVE

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05-11-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME VIRANI, KASMAHI B  
STREET ADDRESS 1722 BERKOFF DR.  
CITY-ST-ZIP SUGARLAND TX 77479

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME AHMED GULAM HUSSAIN  
1.3 STREET ADDRESS 213 SHERIDAN AVE  
1.4 CITY-ST-ZIP LONGWOOD FL 32750

TITLE S ☒ DELETE  
NAME VIRANI, KARIM  
STREET ADDRESS P.O. BOX 1619 N/A  
CITY-ST-ZIP SUGARLAND TX 77487

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME FARIDAH PARPIA  
2.3 STREET ADDRESS 213 SHERIDAN AVE  
2.4 CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-11-99

Date

407-339-3995

Daytime Phone #

CR2E034 (11/98)