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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
96 MAY -1 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66198 (4)

1. Corporation Name

SIDDHA INTERNATIONAL IMPORT AND EXPORT INC.



Principal Place of Business

Mailing Address

4108 ALPINE DR.
GAINESVILLE FL 32609
US

PO BOX 5127
GAINESVILLE FL 32609-3927
US

3. Date Incorporated or Qualified

10/24/1983

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21 4131 NW 13th St

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 Gainesville, FL

Zip

Country

Zip

Country

24 32609 25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MICHAEL
4108 ALPINE DR
GAINESVILLE FL 32605

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

Michael Rose, Pres.

(If Not Registered Agent Signature required when registering)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ROSE, MICHAEL
STREET ADDRESS 4108 ALPINE DR.
CITY-STATE-ZIP GAINESVILLE, FL 00000

TITLE V
NAME ROSE, JEANNE CLAY
STREET ADDRESS 4108 ALPINE DR.
CITY-STATE-ZIP GAINESVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Rose, Michael
P.O. Box 5127
Gainesville, FL 32607
Change Addition
N/A

Valerie Hughes
P.O. Box 1114
Newberry FL 32669
Change Addition
N/A

100001825851
-05/17/96-01007-005
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 904376 8173

Date

Deputy Secretary

CR2E034 (12/95)