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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G66198** **(4)**

1. Corporation Name
SIDDHA INTERNATIONAL IMPORT AND EXPORT INC.

Principal Place of Business	Mailing Address
4131 N.W. 13TH STREET SUITE 208 GAINESVILLE FL 32609 US	PO BOX 5127 GAINESVILLE FL 32602-5127 US

3. Date Incorporated or Qualified: 10/24/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 4018 NW 6th Street
22 Suite, Apt. #, etc.: Ste 1
23 City & State: Gainesville Fl
24 Zip: 32609 25 Country: USA

2a. Mailing Address
26: PO Box 5127
27 Suite, Apt. #, etc.:
28 City & State: Gainesville Fl
29 Zip: 32627 30 Country: USA

4. FEI Number: 59-2341230 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSE, MICHAEL
4108 ALPINE DR
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: Rose, Michael
82 Street Address (P.O. Box Number is Not Acceptable): 4018 NW 6th Street
83: Gainesville
84 City: FL 85 Zip Code: 32609

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 (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required on non-filing) DATE: 4/4/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, MICHAEL		1.2 NAME	
STREET ADDRESS	P.O. BOX 5127 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, VALERIE		2.2 NAME	
STREET ADDRESS	P.O. BOX 1114 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669		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	

CR2E034 (9/96)

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 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 4/4/97 352 376-8773