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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

H27919

(0)

FINE EXPRESSIONS, INC.

Mailing Address

FILED

Feb 23 1998 8:00am

Secretary of State

C/O CHANDRAKANT GADHVI

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

4889 COCONUT CREEK PARKWAY

C/O CHANDRAKANT GADHVI 4889 COCONUT CREEK PARKWAY

DO NOT WRITE IN THIS SPACE COCONUT CREEK FL 33063-3944 COCONUT CREEK FL 33063-3944 3. Date Incorporated or Qualified 10/30/1984 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 59-2467267 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \quad \text{No} No Zip Country Zip 24 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GADHVI, JAY 4889 COCONUT CREEK PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33063** 83 City 64 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME GADHVI, RANDHIR 1.2 NAME R2E034 STREET ADDRESS 39 HIGH ST, COLLIERS WOOD 1.3 STREET ADDRESS LONDON SW 19, ENGLAND CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STD NAME GADHVI, JAY 22 NAME STREET ADDRESS 4889 COCONUT CREEK PKY 2.3 STREET ADDRESS CITY-ST-ZIF COCONUT CREEK FL 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TATLE Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 adjachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP