FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H31811** **(3)**

1. Corporate Name
SKM INTERNATIONAL, INCORPORATED

Principal Place of Business	Mailing Address
4132 LAFAYETTE ST. MARIANNA FL 32446	4132 LAFAYETTE ST. MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1984**
3a. Date of Last Report: **05/01/1994**

2 Principal Place of Business 21
2a Mailing Address 26
4. FEI Number: **59-2513188** ☐ Applied For ☐ Not Applicable
Suite/Apt. # 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / County 25 / Zip 29 / County 30
8. This corporation has liability for corporate tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATEL, SUNIL L. 4132 LAFAYETTE ST. MARIANNA FL 32446	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 Section 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 607.325, Florida Statutes.

SIGNATURE: (SUNIL PATEL) 4-25-95
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	PATEL, SUNIL L.	
STREET ADDRESS	4132 LAFAYETTE ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	☐ Change ☐ Addition
NAME	PATEL, MADHU	
STREET ADDRESS	4132 LAFAYETTE ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	S	☐ Change ☐ Addition
NAME	PATEL, KANTI	
STREET ADDRESS	988 EPPING FORREST RD.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	☐ Change ☐ Addition
NAME	PATEL, KUSUM	
STREET ADDRESS	988 EPPING FORREST RD.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	☐ Change ☐ Addition
NAME	PATEL, ARVIND	
STREET ADDRESS	% ENCONO LODGE/1-65 S. BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL	
TITLE	D	☐ Change ☐ Addition
NAME	PATEL, SHAKUNTLA	
STREET ADDRESS	% ENCONO LODGE/1-65 S. BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL	

14. I hereby certify that the information supplied with this filing is accurately transcribed and 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 above, or on an attachment with an additional blank.

SIGNATURE: (SUNIL PATEL) 4/27/95 904 482-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0032171 CP