


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

FILED

Apr 28 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 # H56079 1. Corporation Name: Pragati Inc.			
Principal Place of Business 4520 Eau Gallie Blvd Melbourne FL 32934		Mailing Address Same.	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Same	26. Suite, Apt #, etc.	April 1995	4.96.
22. City & State	27. Suite, Apt #, etc.	4. FEI Number	Applied For
23. Zip	28. City & State	59-2552392	Not Applicable
24. Country	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Hemant Gaudhi 442 Lantern blv Dr Satellite Bch FL 32937		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: Hemant Gaudhi President <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 OFFICER <input type="checkbox"/> DELETE	12.2 NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS	12.4 CITY-STATE-ZIP	1.2 NAME	
12.5 CITY-STATE-ZIP		1.3 STREET ADDRESS	
12.6 CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
12.7 OFFICER <input type="checkbox"/> DELETE	12.8 NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS	12.10 CITY-STATE-ZIP	2.2 NAME	
12.11 CITY-STATE-ZIP		2.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
12.13 OFFICER <input type="checkbox"/> DELETE	12.14 NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS	12.16 CITY-STATE-ZIP	3.2 NAME	
12.17 CITY-STATE-ZIP		3.3 STREET ADDRESS	
12.18 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
12.19 OFFICER <input type="checkbox"/> DELETE	12.20 NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 STREET ADDRESS	12.22 CITY-STATE-ZIP	4.2 NAME	
12.23 CITY-STATE-ZIP		4.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
12.25 OFFICER <input type="checkbox"/> DELETE	12.26 NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 STREET ADDRESS	12.28 CITY-STATE-ZIP	5.2 NAME	
12.29 CITY-STATE-ZIP		5.3 STREET ADDRESS	
12.30 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
12.31 OFFICER <input type="checkbox"/> DELETE	12.32 NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 STREET ADDRESS	12.34 CITY-STATE-ZIP	6.2 NAME	
12.35 CITY-STATE-ZIP		6.3 STREET ADDRESS	
12.36 CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: **Hemant Gaudhi - PRATIHA GAUDHI 21547 407-259-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)