**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)H75708 H. & S. KADIWALA ENTERPRISES, INC. Principal Place of Business Mailing Address E. MERRITT ISLAND CSWY. #325-E E. MERRITT ISLAND CSWY. #325-E MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/12/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2576251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 6. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KADIWALA, M. HAROON EAST MERRITT ISLAND CSWY. #325-E Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TOTLE 1.1 TITLE KADIWALA, SULTANA M. NAME 1.2 NAME 1356 SILVER LAKE DR. STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME KADIWALA, M. HAROON 2.2 NAME STREET ADDRESS 1356 SILVER LAKE DR. 2.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TETLE DELETÉ 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 supplimental 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 chapged, or on an altackment with an address.

M. HAROON KADIUALA M. HAROON KADIWALA

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