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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

J26694

(6)

Mailing Address

AJANTA GEMS INTERNATIONAL, INC.

FILED Apr 04 1997 8:00am Secretary of State



3355 GALT OC FT. LAUDERDA US		3355 GALT OCE FT. LAUDERDAL US	AN DRIVE E FL 33308-7002			3. Date Incorporated or Qualified	3a. Date of Last I	Panart
						08/01/1986	07/26/1996	терин
2. Principa! P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		pplied For
21		26	26			59-2779377	∏ N	ot Applicable
Suite, Apt 22		S/13/1017 27 P.O. W	X ONL		2013	Certificate of Status Desired		Additional equired
City & State	e	CORAL	Bhlittens,	4		6. Election Campaign Financing		May Be
23		28	7 6			Trust Fund Contribution		to Fees
Zip	Country	Zip	30	Country		8. This corporation has liability for	intangible tax under :] Yes : □ No	s. 199.032,
24 25 29 : 9. Name and Address of Current Registered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
الق				81	Name			
Gupta, satya d. 3355 gail ocean drive								
FT. LAUDERDALE FL 33308				82	Street Address (P.O. Box Number is Not Acceptable)			
1				83				
			ļ	B4	City		85 Zip	Code
34 Days out	to the new joiner of Cost one CO	7 05 00 and 207 15 00 Elan	do Ptotutos the et			and a submitte this statement for the	FL	ito registered
office or r	egistered agent, or both, in the manufacture with, and accept the control of the	State of Florida. Such chai	nge was authorize	d by t	he corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as	s registered
SIGNATURE	Signature Typed or printed name of register	and product and title it Asimbophile	(NIOTE: Projetero	d Accept	rigodius rozul	red when reinstating)	DATE	
12.		S AND DIRECTORS	13.	O AGO IL	aignature requi	ADDITIONS/CHANGES TO OFFIC		RS IN 12
THLE	P		ELETE 1.1 TS	TLE			☐ Change	Addition
NAME	GUPTA, SATYA D		1.2 N	AME				
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CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CI	ITY-ST-	ZIP			
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NAME			62 N	AME				
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City - St - ZiP			6.4 C	ITY-ST-	ZIP		· · · · · · · · · · · · · · · · · · ·	

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 armual 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:

SIGNATURE AND TYPED OR PRIMEED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

954-346-0149

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