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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

r. Corporation	MENT # J43381 CORPORATION						
Principal Place	of Business	Mailing Address				ATERI BIBIL BIBIL BI	igaf gjuli 1881
•		7300 SW 10 STR					
SANS SOUCI APT MOTEL 7300 SW 10 STR 618 NO BIRCH RD PLANTATION FL 33317							
FT LAUDERDALE FL 33304 US					DO NOT WRITE IN THIS	3 SPACE	
US	- 1				3. Date Incorporated or Qualifed		
					11/17/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			34-2685387	Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			- 0 11 1 1 D	\$8.75 A	dditional
22	• •	27			5. Certificate of Status Desired	Fee Red	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Ir	ntangible	
24	25	29 30	a		Personal Property Tax.		□No
24	9. Name and Address of Curre		-		10. Name and Address of New Registered	Agent	
			81	Name			1
PATE	el, majula p.		L_		(2.0.5		
7300 SW 10TH ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		{
PLANTATION FL 33317			83				
ga waa waa maa da				City	Ci	85 Zip C	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autrations of, Section 607.0505, Florid	horized by la Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appointment when reinstation.	f changing its pintment as reg	registered gistered
	Signature, typed or printed name of registered age			nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP	C) DECEIE	1.1 TITLE			onango	
NAME	PATEL, MANJULA P.		1.2 NAME				
STREET ADDRESS	7300 SW 10TH ST		1.3 STREE	TADDRESS			
CITY-ST-ZIP	1 2 3 117 117 117 117 117 117 117 117 117 1		1.4 CITY-5	ST-ZIP		<u>_</u>	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	PATEL, PRAHLAD H.		2.2 NAME				Ì
STREET ADDRESS	7300 SW 10TH ST		2.3 STREE	TADORE\$S			1
CITY-ST-ZIP	PLANTATION FL	~ ~ ~ .	2.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				Ì
STREET ADDRESS			3.3 STREE	TADORESS			
	•		3.4. CITY-				
CITY-ST-ZIP			4.1 TITLE	01-27		☐ Change	☐ Addition
TITLE			4. 2 NAME				ļ
NAME		•					
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		C pelette	4.4 CITY-S	ST-ZIP		Change	Addition
TITLE	•	☐ DELETE	5.1 TITLE			☐ change	☐ Vagillou
NAME			5.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	- 1,		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				i

CITY-ST-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 an an appear of the corporation of the corpora

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS