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

PROFIT Feb 17 1998 8:00am ' FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J50525 TARA S. SAINI, INC. Mading Address Principal Place of Business 77-10 N.W. 71ST COURT 77-10 N.W. 71ST COURT TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1986 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2751408 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRAND, LEONARD 2434 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33020 В3 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and (circlif applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change PDS DELETE 1.1 TITLE TITLE SAINI, TARA S. NAME 1.2 NAME 7301 N. UNIVERSITY DR 1.3 STREET ADDRESS STREET ADDRESS 33321 TAMARAC FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 21 THILE TITLE SAINI, TARA S. NAME 2.2 NAME 7301 N. UNIVERSITY DR 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 31 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST - ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 500002453255 -02/17/98--01095--027 Addition DELETE 6.1 THILE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***158.00 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 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.

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