

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52712 (3)

1. Corporation Name

TECHNOCRAFTS INTERNATIONAL (U.S.A.) INC

Principal Place of Business

**17311 PREAKNESS PLACE
ODESSA FL 33556**

Mailing Address

**17311 PREAKNESS PLACE
ODESSA FL 33556**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/12/1987

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2903156

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, RAJESVARI N.
17311 PREAKNESS PLACE
ODESSA FL 33556**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PST
PATEL, RAJESVARI N.
17311 PREAKNESS PLACE
ODESSA FL**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

TITLE

6.5 TITLE

☐ Change ☐ Addition

NAME

6.6 NAME

STREET ADDRESS

6.7 STREET ADDRESS

CITY- ST- ZIP

6.8 CITY- ST- ZIP

TITLE

6.9 TITLE

☐ Change ☐ Addition

NAME

6.10 NAME

STREET ADDRESS

6.11 STREET ADDRESS

CITY- ST- ZIP

6.12 CITY- ST- ZIP

TITLE

6.13 TITLE

☐ Change ☐ Addition

NAME

6.14 NAME

STREET ADDRESS

6.15 STREET ADDRESS

CITY- ST- ZIP

6.16 CITY- ST- ZIP

TITLE

6.17 TITLE

☐ Change ☐ Addition

NAME

6.18 NAME

STREET ADDRESS

6.19 STREET ADDRESS

CITY- ST- ZIP

6.20 CITY- ST- ZIP

SIGNATURE: Rajesvari N. Patel RAJESVARI N. PATEL 4/27/95 813-920-9587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #