

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J74255** (7)
1. Corporation Name
TATA TEA INC.



Principal Place of Business
**1001 W DR M.L. KING JR BLVD
PLANT CITY FL 33566
US**

Mailing Address
**1001 W DR M.L. KING JR BLVD
PLANT CITY FL 33566
US**

3. Date Incorporated or Qualified **05/26/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2809920

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMBA, S.P.
1001 W DR M.L. KING JR BLVD
PLANT CITY FL 33566**

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

Lamba **S.P. LAMBA**

1/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D SETH, D.S.**
STREET ADDRESS **24 HOMI MODY STREET**
CITY-ST-ZIP **BOMBAY, INDIA**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **C KAVARANA, F.K.**
1.3 STREET ADDRESS **24 HOMI MODI ST**
1.4 CITY-ST-ZIP **BOMBAY, INDIA**

TITLE ☐ DELETE
NAME **DVS LAMBA, S.P.**
STREET ADDRESS **2102 GOLFVIEW DR N**
CITY-ST-ZIP **PLANT CITY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MCCLOSLEY, J. F.**
STREET ADDRESS **2912 LAFAYETTE AVENUE**
CITY-ST-ZIP **NEW YORK, NY.**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LAI, RABIN D., DR.**
STREET ADDRESS **2908 FOREST CLUB DRIVE**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D SOONAVALA, N. A.**
STREET ADDRESS **24 HOMI MODY STREET**
CITY-ST-ZIP **BOMBAY, INDIA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D KUMAR, R.K. KRISHNA**
STREET ADDRESS **1. BISHOP LEFROY ROAD**
CITY-ST-ZIP **CALCUTTA, INDIA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Lamba **S.P. LAMBA**

1/12/96

(813) 754 2602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR