FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 May 19 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Modham 3 **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J74255 (7) TATA TEA INC. Principal Place of Business Mailing Address 1001 W OR M.L. KING JR BLVD 1001 W DR M.L. KING JR BLVD PLANT CITY FL 33566 PLANT CITY FL 33566 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1987 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2809920 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Florida Statutes Yes No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAMBA, S.P. VENKITESWARAN 1001 W DR M.L. KING JR BLVD Street Address (P.O. Box Number is Not Acceptable) R2 PLANT CITY FL 33566 83 City Plan - C.ty 84 200 Code 6 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. - V. VENKITESWARAN PRESIDENT A CEO ped or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) CHAIR MAN. DELETE 1.1 TITLE Change K Addition TITLE F. KAVARANA SETH, D.S. NAME 24 Hom, MODY ST 24 HOMI MODY STREET STREET ADDRESS **BOMBAY, INDIA** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITL F 2.1 TITLE LAMBA, S.P. V, VENKITESWARAN. 2.2 NAME 1001 DR MLICITE BLVD. 2102 GOLFVIEW DR N STREET ADDRESS 2.3 STREET ADDRESS 33566 PLANT CITY FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE MCCLOSLEY, J. F. NAME 3.2 NAME 2912 LAFAYETTE AVENUE STREET ADDRESS 3.3 STREET ADDRESS NEW YORK, NY. CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition Lai, Rabin D., Dr. NAME 4. 2 NAME 2908 FOREST CLUB DRIVE STREET ADDRESS 4.3 STREET ADDRESS PLANT CITY FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 1fTLF SOONAVALA, N. A. NAME 5.2 NAME 24 HOMI MODY STREET STREET ADDRESS 5.3 STREET ADDRESS BOMBAY, INDIA CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE KUMAR, R.K. KRISHNA NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1, BISHOP LEFROY ROAD

CALCUTTA, INDIA

SIDULTURA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 annual report or supplemental annual report is five 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 charlied, or on an attachment with an address.