

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0127653

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J74255**

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**

**FILED**

99 JUL 20 PM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |                                                                                                                                             |                               |
|--------------------------------|---------------------|---------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>05/26/1987</b>                                                                                      |                               |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2809920</b>                                                                                                          | Applied For<br>Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                  |                               |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                          |                               |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                               |

|                                                                                  |  |                                                       |                |
|----------------------------------------------------------------------------------|--|-------------------------------------------------------|----------------|
| 9. Name and Address of Current Registered Agent                                  |  | 10. Name and Address of New Registered Agent          |                |
| <b>VENKITESWARAN, V.<br/>1001 W DR M.L. KING JR BLVD<br/>PLANT CITY FL 33566</b> |  | 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|----------------------------------|-------------------------------------------------------|------------------------------|
| TITLE                      | <b>D</b>                         | 1.1 TITLE                                             | <b>DIRECTOR</b>              |
| NAME                       | <b>SETH, D.S.</b>                | 1.2 NAME                                              | <b>S.M. K. DWAI</b>          |
| STREET ADDRESS             | <b>24 HOMI MODY STREET</b>       | 1.3 STREET ADDRESS                                    | <b>1, BISHOP LEFROY ROAD</b> |
| CITY-ST-ZIP                | <b>BOMBAY, INDIA</b>             | 1.4 CITY-ST-ZIP                                       | <b>CALCUTTA, INDIA</b>       |
| TITLE                      | <b>C</b>                         | 2.1 TITLE                                             | <b>DIRECTOR</b>              |
| NAME                       | <b>KAVARANA, F.</b>              | 2.2 NAME                                              | <b>A BHARDWAJ</b>            |
| STREET ADDRESS             | <b>24 HOMI MODY ST.</b>          | 2.3 STREET ADDRESS                                    | <b>POST BOX 3</b>            |
| CITY-ST-ZIP                | <b>BOMBAY IN</b>                 | 2.4 CITY-ST-ZIP                                       | <b>MUNNAR, INDIA</b>         |
| TITLE                      | <b>D</b>                         | 3.1 TITLE                                             |                              |
| NAME                       | <b>MCCLOSLEY, J. F.</b>          | 3.2 NAME                                              |                              |
| STREET ADDRESS             | <b>2912 LAFAYETTE AVENUE</b>     | 3.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>NEW YORK, NY.</b>             | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | <b>PD</b>                        | 4.1 TITLE                                             |                              |
| NAME                       | <b>VENKITESWARAN, V.</b>         | 4.2 NAME                                              |                              |
| STREET ADDRESS             | <b>1001 DR M.L. K. JR. BLVD.</b> | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>PLANT CITY FL</b>             | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | <b>D</b>                         | 5.1 TITLE                                             |                              |
| NAME                       | <b>SOONAVALA, N. A.</b>          | 5.2 NAME                                              |                              |
| STREET ADDRESS             | <b>24 HOMI MODY STREET</b>       | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>BOMBAY, INDIA</b>             | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | <b>D</b>                         | 6.1 TITLE                                             |                              |
| NAME                       | <b>KUMAR, R.K. KRISHNA</b>       | 6.2 NAME                                              |                              |
| STREET ADDRESS             | <b>1, BISHOP LEFROY ROAD</b>     | 6.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | <b>CALCUTTA, INDIA</b>           | 6.4 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 on an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (5/99)

158.75  
04/20/99 90285 028



**TATA TEA INC.**  
1001 W. Dr. M.L. King Blvd.  
Plant City, FL 33566 USA

TEL: (813) 754-2602  
FAX: (813) 754-2272  
TLX: 529397

July 7, 1999

Katherine Harris  
Secretary of State  
Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

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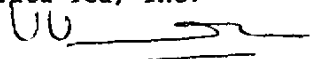
RE: Annual Report

Dear Ms Harris:

Please find attached our annual report. We have previously filed our report with your office and failed to show the title to our two new directors. These individuals are only directors of the company and do not hold any other office.

Our check number 21444 was mailed to your with our original report and has been processed by our local bank. Please now process this report and send us a Certificate of Status.

Sincerely,  
Tata Tea, Inc.

  
V. Venkiteswaran  
President