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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K98938

1. Corporation Name

STREET ADDRESS

VAYANI ENTERPRISES, INC.

Principal Place of Business Mailing Address					i (Ballati) bib ibibi iffile iffice nist iali Etfil aien mitt anbit atter aien	
C/O ASHIQ ALI MITHAVAYANI 3101 SW 117 AVE DAVIE FL 33330 US		C/O ASHIZ ALI MITHAVAYANI 3101 SW 117 AVE DAVIE FL 33330 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
						06/28/1989
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For 65-0126418 Not Applicable	
Suite Ant # etc		Suite, Apt. #, etc.		_	\$8.75 Additional	
Suite, Apt. #, etc.		<u> </u>	27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		_	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
					_	Personal Property Tax.
9. Name and Address of Current Registered Agent 81 Name					Name	10. Name and Address of New Registered Agent
mithavayani, ashiq ali				1		
3101 SW 117 AVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)
DAVI	E FL 33330			83		
					City	85 Zip Code
				l	City	FL · · · · · · · · · · · · · · · · ·
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 ager	<u> </u>		Agent s	signature required	
12.		ID DIRECTORS	13.	1.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME :	dps Mithavayani, ashiq a.	₽ DEEE IE	1.2 NAME			
STREET ADDRESS	3101 SW 117 AVE		l.		ADDRESS	
CITY-ST-ZIP	DAVIE FL			ry-st-		
TITLE	DVT	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MITHAVAYANI, MIRA		2.2 NAME			
STREET ADDRESS	3101 SW 117 AVE		2.3 ST	REETA	ADDRESS	
CITY-ST-ZIP	DAVIE FL				-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TIT			
NAME			3.2 NA		ADDRESS	
STREET ADDRESS CITY-ST-ZIP				TY-ST-		
TITLE		☐ DELETE	4.1 TIT			Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET A	ADDRESS	
CITY-ST-ZIP				TY-ST-	ZIP	
TITLE		☐ DELETE	☐ DELETE 5.1 TI		i	☐ Change ☐ Addition
NAME			5.2 NA 5.3 ST		ADDRESS	
STREET ADDRESS				TY-ST-		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TII			☐ Change ☐ Addition
NAME			6.2 NA			- · -
OTDERT (DARES		!	63.ST	REET #	ADDRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: