FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # L06627 (8)

1. Corporate Name
POONEK CORPORATION

Principal Place of Business
5975 W SUNRISE, STE 207
SUNRISE FL 33313

Mailing Address
5975 W SUNRISE, STE 207
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 65-0136442 — 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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PATEL, NALIN
8909 NW 9TH PL
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 607.0505 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 of Registered Agent or Officer or Director of Registered Agent Corporation — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, NALIN
STREET ADDRESS	8909 NW 9TH PL
CITY, ST, ZIP	PLANTATION FL
TITLE	ST
NAME	PATEL, NALIN
STREET ADDRESS	8909 NW 9TH PL
CITY, ST, ZIP	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not equal, for the purposes of Section 199.032, Florida Statutes, that the information supplied on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and made under oath that I am an officer or director of the corporation or the owner or holder of a power of attorney to execute the 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: Yalini Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (305) 583-9708
Daytime Phone

0221765 CP