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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L68161** **(3)**

1. Corporation Name

**T.G. USA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7205 INTERNATIONAL DR<br>ORLANDO FL 32819<br>US | 7205 INTERNATIONAL DR<br>ORLANDO FL 32819<br>US |

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8606 LOST COVE DR.
22: Suite, Apt. #, etc
23: City & State: ORLANDO, FLORIDA
24: Zip: 32819 25: Country: ORANGE

2a. Mailing Address
26: 8606 LOST COVE DR.
27: Suite, Apt. #, etc.
28: City & State: ORLANDO FLORIDA
29: Zip: 32819 30: Country: ORANGE

4. FEI Number: 59-3005848 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JETHWANI RAJU T
7205 INTERNATIONAL DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: JETHWANI RAJU T.
82 Street Address (P.O. Box Number is Not Acceptable): 8606 LOST COVE DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32819

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's signature is required when reinstating. — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | P | ☐ Change ☐ Addition |
| NAME | JETHWANI, RAJU T | | 1.2 NAME | JETHWANI RAJU T. | |
| STREET ADDRESS | ~~7205 INTERNATIONAL DR~~ | | 1.3 STREET ADDRESS | 8606 LOST COVE DR. | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | VP | ☐ Change ☐ Addition |
| NAME | JETHWANI, HARESH T | | 2.2 NAME | JETHWANI HARESH T. | |
| STREET ADDRESS | ~~7205 INTERNATIONAL DR~~ | | 2.3 STREET ADDRESS | 8606 LOST COVE DR. | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAMLI, SALEH ABDULAZI L | | 3.2 NAME | | |
| STREET ADDRESS | P.O. BOX 16651 N/A | | 3.3 STREET ADDRESS | 8606 LOST COVE DR. | |
| CITY-ST-ZIP | JEDDAH SA | | 3.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 4.1 TITLE | ST | ☐ Change ☐ Addition |
| NAME | MOTWANI, CHANDRU | | 4.2 NAME | MOTWANI CHANDRU | |
| STREET ADDRESS | ~~7205 INTERNATIONAL DR~~ | | 4.3 STREET ADDRESS | 8606 LOST COVE DR. | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added in an attachment with an address.

**SIGNATURE:** [signature] 5/27/96 407 876-4523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #