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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
~~8606 LOST COVE DR.~~ ~~ORLANDO FL 32819~~ ~~US~~	~~8606 LOST COVE DR.~~ ~~ORLANDO FL 32819-4826~~ ~~US~~

3. Date Incorporated or Qualified: 04/25/1990
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business	2a. Mailing Address
21 4307 W. Vine ST.	26 4307 W. Vine ST.
Suite, Apt. #, etc. 22 Kissimmee	Suite, Apt. #, etc. 27 Kissimmee
City & State 23 FLORIDA	City & State 28 FLORIDA
Zip 24 34746 Country 25 Osceola	Zip 29 34746 Country 30 Osceola

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.
8606 LOST COVE DR.
ORLANDO FL 32819

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 607.0502 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JETHWANI, RAJU T		1.2 NAME		
STREET ADDRESS	~~8606 LOST COVE DR.~~		1.3 STREET ADDRESS	4307 W. Vine ST.,	
CITY-ST-ZIP	~~ORLANDO FL~~		1.4 CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JETHWANI, HARESH T		2.2 NAME		
STREET ADDRESS	~~8606 LOST COVE DR.~~		2.3 STREET ADDRESS	4307 W. Vine ST.,	
CITY-ST-ZIP	~~ORLANDO FL~~		2.4 CITY-ST-ZIP	Kissimmee, FL 34746	
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		
CITY-ST-ZIP	JEDDAH SA		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		~~☐ Change~~ ☐ Addition
NAME	MOTWANI, CHANDRU		4.2 NAME		
STREET ADDRESS	~~8606 LOST COVE DR.~~		4.3 STREET ADDRESS	4307 W. Vine ST.,	
CITY-ST-ZIP	~~ORLANDO FL~~		4.4 CITY-ST-ZIP	Kissimmee, FL 34746	
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 (9/96)

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 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 _____ 1-8-97 407-396-1329