FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 17 1997 8:00am
Secretary of State

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

1. Corporation Name
T.G. USA, INC.

Principal Place of Business
~~8606 LOST COVE DR.~~
~~ORLANDO FL 32819~~
~~US~~

Mailing Address
~~8606 LOST COVE DR.~~
~~ORLANDO FL 32819-4928~~
~~US~~

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

2. Principal Place of Business
21 4307 W. vine ST.
22 Suite, Apt. #, etc. Kissimmee
23 City & State FLORIDA
24 Zip 34746 25 Country Osceola

2a. Mailing Address
26 4307 W. vine ST.
27 Suite, Apt. #, etc. Kissimmee
28 City & State FLORIDA
29 Zip 34746 30 Country Osceola

4. FEI Number 59-3005848 — Applied For / Not Applicable
5. Certificate of Status Desired — X — $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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JETHWANI, RAJU T	
STREET ADDRESS	~~8606 LOST COVE DR.~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	VP	☐ DELETE
NAME	JETHWANI, HARESH T	
STREET ADDRESS	~~8606 LOST COVE DR.~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	VP	☐ DELETE
NAME	HAMLI, SALEH ABDULAZI L	
STREET ADDRESS	P.O. BOX 16651 N/A	
CITY-ST-ZIP	JEDDAH SA	
TITLE	ST	☐ DELETE
NAME	MOTWANI, CHANDRU	
STREET ADDRESS	~~8606 LOST COVE DR.~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	4307 W. vine ST.,	
1.4 CITY-ST-ZIP	Kissimmee, FL 34746	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4307 W. vine ST.,	
2.4 CITY-ST-ZIP	Kissimmee, FL 34746	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	4307 W. vine ST.,	
4.4 CITY-ST-ZIP	Kissimmee, FL 34746	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 4779

CR2E034 (9/96)