FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L88271 (6)

1. Corporation Name
GUMMAKONDA, INC.

Principal Place of Business	Mailing Address
8628 NW 44TH STREET SUNRISE FL 33351	8628 NW 44TH STREET SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0206441 ☐ 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

REDDY, SHEKAR
3131 SW 21ST STREET
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: YERRA, SAILAJA L.
82 Street Address (P.O. Box Number is Not Acceptable): 8628 N.W. 44th St.
83
84 City: SUNRISE, FL 85 Zip Code: 33351

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: Sailaja L. Yerra — Feb. 21, 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☒ Change ☐ Addition
NAME	REDDY, SHEKAR	1.2 NAME	YERRA, SAILAJA L	
STREET ADDRESS	3131 SW 21 STREET	1.3 STREET ADDRESS	8628 N.W. 44th St	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	REDDY, SHEKAR	2.2 NAME	YERRA, SAILAJA, L.	
STREET ADDRESS	3131 SW 21ST ST.	2.3 STREET ADDRESS	8628 N.W. 44th St.	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	SUNRISE, FL. 33351	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: Sailaja L. Yerra (SAILAJA L. YERRA, Feb. 21, 95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

(305) 749-4383
Daytime Phone #

0230603 CP