File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY & Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUL 20 AM 11: 45 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE DOCUMENT # 19700000019 SARRK ENTERPRISES, LIC. 1a. Principal Place of Business Address 2709 W. Kennedy Blvd. 2709 W. Kennedy Blvd. Tanpa, FZ 33609 Tampa, E 33609 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation TAN. 1, 1997 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3418215 5. Date of Last Report 6. Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office NILESH M. PATEL NI LESU M PATER Street Address (P.O. Box Number is Not Acceptable) 609 W. Deleon St. Tampa, FZ 33606 Suite, Apt. #, etc. lampa 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I horeby accept the appointment as registered agent, and accept the obligations DATE 6-1-98 SIGNATURE \_ **Business Street Address** City, State and Zip Code 10. Title Managing Mombors/Managers 78 Berkeley CA, Gleatworth St. PATEL mgrin SARJU R. London, UK NKI SHQ mgan 18 Berkeley CA. London, UL Glentworth St. NKI SHO 2709 W. Kennedy Tanpa, FL 33609

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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