PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M10088

KIRPALANI BROS. (U.S.A.) INC.

(6)

## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## **FILED** Mar 20 1997 8:00am Secretary of State

NEN BANK 1812 18	

Phinopa Pino	е ст В вянева	Mailing Address							
2098 NW 20TH ST., UNIT #11 MIAMI FL 33142		2098 NW 20TH ST., UNIT #11 MIAMI FL 33142-7304							
						3. Date Incorporated or Qualified 01/15/1985		ate of Last R 10/1996	eport
	lace of Business	2a, Mailing Address				4. FEI Number	-		oplied For
21		26				59-2537632			ot Applicable
Suite Apt.	# (4):	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 / Fee Re	Additional equired
City & Stati	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	***************************************	\$5.00	May Bo
23		28				Trust Fund Contribution		Added	,
Ζp	Country	Zip	Co	untry		8. This corporation has liability for it	ntangible	tax under s	. 199.032,
24	25]	29	30			Florida Statutes	] Yes [	⊒ No	
	9. Name and Address of Current	Registered Agent		ļ.,		10. Name and Address of New Re	jistered	Agent	
	NANI,SURESH			81	Name				
	B NW 20TH ST., UNIT #11			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33142								
				83					
				84	City		FL	85 Zip (	Code
11 Persuant	to the procesions of Sections 607 0503	and 607 1508 Florida Sta	tutes the	ahove	-named cor	rporation submits this statement for the p		L changing if	e registered
office or r	egistered agent, or both, in the State of	of Florida, Such change wa	as authorize	ed by	the corpora	ation's board of directors. I hereby accep			
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Sta	atutes					
SIGNATURE	Sycator Apadicipa Solita existe colored ages	a sent fille a second orbit	haliTi : Pannistor	or A bar	of signature repa	uired whori reinstating)	DATE		M
12.	OFFICERS AND	The second of th	13			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TiT.F	PD	☐ DELETE	1.1	THLE				Change	Addition
t <sub>i</sub> AMí	Sabnani, Suresh		1.21	NAME					
STREET ADDRESS	2098 NW 20TH ST., UNIT #11		1.33	STREET.	ADDRESS				
CITY ST 269	MIAMI FL 33142		1.4	CITY - ST	r-21P				
1111:F		☐ DELETE	2.1	TITLE				Change	Addition
NAM:			2.21	NAME					
STREET ADDRESS			23	STREET.	ADDRESS				
CHY-\$1-761			2 4	CITY-S	T - <b>Z</b> IP				
10.4		☐ DELETE	3 1	TOLF			·	☐ Change	Addition
NAM:			3.2	NAME					
STREET ADDRESS.			33	STREET	ADDRESS				
CITY-ST-ZIP		an a		CITY-S	1 - 21P		<del></del>		
1411.1		☐ DELETE	4.1	TITLE				L Change	Addition
NAM:			4. 2	NAME					
STREET ACCESSS			4.3	STREET.	ADDRESS				
CHY ST ZIE				CITY-SI	I · ZIP				
101;6		☐ DELETE	51	TITLE				☐ Change	Addition
NAME				NAME					
STREET LADDE, 5%			5.3	STREET.	ADDRESS	•			
City \$1-700		Deceme		CHTY-ST	T-ZIP	,			
THE		☐ DELETE		TITLE				Change	Addition
NAM?				NAME	]				
STREET ADDRESS		/1	63	STREET	ADDRESS				
1	İ	/ /							

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates on this 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 of the corporation or the fectiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block. 13 if charged, or in an alternment with an address.

SIGNATURE:

SUCESH SHOWANT (RESIDENT)

305-545-5887