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

DOCUMENT # **M17648** **(0)**

1. Corporation Name
MONA ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:04

Principal Place of Business	Mailing Address
%LAD 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131 US	%LAD 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/03/1985
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business	2a. Mailing Address
21 600 Brickell Avenue	26 600 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

4. FEI Number: 59-2781268 ☐ 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

%CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Lynn B. Lewis, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue, Suite 703
83 Miami
84 City: FL **FL** 85 Zip Code: 33131

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: Lynn B. Lewis, P.A. By: [signature] Lynn B. Lewis, President — January 12, 1995
Signature, if an individual 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	DPST	1.1 TITLE		☒ Change ☐ Addition
NAME	KISHU, TAN SRI T.J.	1.2 NAME		
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	1.3 STREET ADDRESS	600 Brickell Ave., Suite 600	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	KISHENCHAND, VIJAY	2.2 NAME		
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTR	2.3 STREET ADDRESS	600 Brickell Ave., Suite 600	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	KISCHENCHAND, VINOD	3.2 NAME		
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTR	3.3 STREET ADDRESS	600 Brickell Ave., Suite 600	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	MONA, PUAN SRI	4.2 NAME		
STREET ADDRESS	CHARLOTTE HOUSE, 2ND FLR	4.3 STREET ADDRESS	600 Brickell Ave., Suite 600	
CITY-ST-ZIP	NASSAU, BAHAMAS	4.4 CITY-ST-ZIP	Miami, FL 33131	
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)(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: [signature] Tan Sri T.J. Kishu (305)358-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126084 CP