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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M17648 (0)

1. Corporation Name
MONA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
%LAD 201 S. BISCAYNE BLVD.. 1600 MIAMI CENTER MIAMI FL 33131 US	600 BRICKELL AVENUE SUITE 600 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1985

2. Principal Place of Business	2a. Mailing Address
21 c/o Lynn B. Lewis, P.A.	26 c/o Lynn B. Lewis, P.A.
Suite, Apt. #, etc. 22 1390 Brickell Ave, Ste.280	Suite, Apt. #, etc. 27 1390 Brickell Ave,Ste.280
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, LYNN B. P
1101 BRICKELL AVENUE, SUITE 703
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): 1390 Brickell Ave., Suite 280
83
84 City: Miami 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: By: Lynn B. Lewis, P.A. — Lynn B. Lewis, President — 1/20/98
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	DPST	☐ DELETE	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	KISHU, TAN SRI T.J.		1.2 NAME	Tirathrai, Tan Sri Kishu	
STREET ADDRESS	600 BRICKELL AVE., SUITE 600		1.3 STREET ADDRESS	1390 Brickell Ave., Suite 280	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KISHENCHAND, VIJAY		2.2 NAME	Tirathrai, Vijay Kishu	
STREET ADDRESS	600 BRICKELL AVE., SUITE 600		2.3 STREET ADDRESS	1390 Brickell Ave., Suite 280	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KISHENCHAND, VINOD		3.2 NAME	Tirathrai, Vinod Kishu	
STREET ADDRESS	600 BRICKELL AVE., SUITE 600		3.3 STREET ADDRESS	1390 Brickell Ave., Suite 280	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MONA, PUAN SRI		4.2 NAME	Tirathrai, ~~Mona~~ Sri Mona Puan Kishu	
STREET ADDRESS	600 BRICKELL AVE., SUITE 600		4.3 STREET ADDRESS	1390 Brickell Ave., Suite 280	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Tirathrai, Bhushan Kishu	
STREET ADDRESS			5.3 STREET ADDRESS	1390 Brickell Ave., Suite 280	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 attached sheet with the address.

SIGNATURE: [signature] 2/10/98