PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M21618

H.R. RAMDHANI (U.S.A.) INC.

Principal Place of Business 7513-7521 N.W. 52 STREET Mailing Address

7513-7521 N.W. 52 STREET MIAMI FL 33166

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90022 049 ***150.00



MIAMI FL 3316	6 MIAMIFL 33166 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US								
					10/07/1985			
2. Principal Pl	lace of Business	2a. Mailing Address	•	*	4. FEI Number .			Applied For
21		26			59-2587777		:	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	- 🗆		5 Additional Required
22		City & State			6 Floring Compains Financing			00 May Be
City & State	e	28			Election Campaign Financing Trust Fund Contribution	' _□		ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Inta	ingibl o	
24	25	29 30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	\gent_	
		•	81	Name				
Sujan, tikam				Street Ad	dress (P.O. Box Number is Not Accep	table)		
7521	I NW 52ND STREET		82	Culotina		,		
MAIM	MI FL 33166		83					•
			84	City			85 2	Zip Code
						FL	1 !	·
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orizea by	tne corpora	tion's board of directors. I hereby acc	ept the appoir	itment a	s registerea
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Ager	nt signature requi	ired when re-instating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	PST	☐ DELETE	1,1 TITLE				Chan	ige Addition
NAME	SUJAN, TIKAM		1.2 NAME					
STREET ADDRESS	7521 NW 52ND STREET		1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Char	nge
NAME	SUJAN, TIKAM		2.2 NAME	ļ				
STREET ADDRESS	7521 NW 52ND STREET		2.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Char	nge
NAME			3.2 NAME					•
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			34 CITY-5	ST-ZIP				nge Maddition
TITLE		☐ DELETE	4.1 TITLE				☐ Char	ige 🔲 Addition
NAME			4, 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	T-21P			Cha	nge Addition
TITLE		☐ DELETE	5.1 TITLE				☐ Char	iãe 🗀 vocinou
NAME			5.2 NAME	T + DDDCCC				•
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	i I - ZIP			Char	nge Addition
TITLE		☐ DELETE	6.1 HILE	İ				igo 🔲 Addidoli
NAME				T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-5	11-2P	•			

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 Date

305-59/-3839

CR2E034 (11/98)