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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M22016** **(3)**

1. Corporation Name
SNEH INTERNATIONAL INC.

Principal Place of Business:
11283 NORTH MAIN STREET
JACKSONVILLE FL 32218

Mailing Address:
11283 NORTH MAIN STREET
JACKSONVILLE FL 32218-4960

3. Date Incorporated or Qualified: **10/16/1985**
3a. Date of Last Report: **03/18/1996**
4. FEI Number: **59-2631068** [ ] 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 taxes payable under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~GOULD, RONALD~~
~~255 ALHAMBRA CR~~
~~SUITE 600~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
81 Name: Gandhi, Niranjan R.
82 Street Address (P.O. Box Number is Not Acceptable): 3640 Shawnee Shores DR.
83
84 City: Jacksonville FL 85 Zip Code: 32225

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: (X) N. R. GANDHI 3/13/97
(Signature of Registered Agent) (Print or Type Name of Registered Agent) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	GANDHI, NIRANJAN R.	
STREET ADDRESS	3640 SHAWNEE SHORES DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	[ ] DELETE
NAME	GANDHI, PRATIBHA N.	
STREET ADDRESS	3640 SHAWNEE SHORES DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E031 (9/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 above, or on an attached sheet, with an address.

SIGNATURE: (X) 2-28-97 (904)751-1876