2003 FOR PROFIT CORPORATION

Feb 13, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State P01000018388 DOCUMENT # 02-13-2003 90260 031 ***150.00 1. Entity Name AROMA INTERNATIONAL, INC. Mailing Address Principal Place of Business 950 S KANNER HWY #706 950 S KANNER HWY #706 STUART FL 34994 STUART FL 34994 Principal Place of Business 950 S. KANNER HW# 706 3. Mailing Address 950 S. KANNER Hwy # 706 Suite, Apt. #, etc. # 7º 6 ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1093073 Not Applicable City & State STUART STUART FL. \$8.75 Additional 5. Certificate of Status Desired MARTIN Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LALITRAY ddress (P.O. Box Number is Not Acceptable) MEHTA, LALITRAY 950 S KANNER HWY #706 STUART FL 34994 STUART 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents (PRESIDENT) LALITRAY MEHTA SIGNATURE . (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable. Signature, typed or printed name of \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change TITLE ☐ Delete TITLE NAME MEHTA, LALITRAY NAME STREET ADDRESS STREET ADDRESS 950 S KANNER HWY #706 CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ☐ Chanoe Addition TITILE ☐ Delete TITLE ۷P NAME NAME Mehta, Priti STREET ADDRESS 950 S KANNER HWY #706 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 Addition Change TIT! F Delete TITLE NAME MEHTA, SHAKUNTALA STREET ADDRESS 950 S KANNER HWY #706 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

12. 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. It further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIURE RECLUTRAY) MENTA (PRESENT) 2/10/03

FILED

20/01) 450H2H