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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P40310 (5)
1. Corporation Name
UBEROI INTERNATIONAL, INC.

Principal Place of Business Mailing Address
314 COMMONS WAY 314 COMMONS WAY
PRINCETON NJ 08540 PRINCETON NJ 08540
US US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/02/1992		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		22-2504605		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28					
City		City		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29					
Country		Country		8. This corporation has liability for intangible tax under S. 199 (332, Florida Statutes)		Yes No	
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINTZ, KAREN MS. ✓ ISLAND REACH, 9873 LAWRENCE ROAD BLLNG-C105 BOYNTON BCH. FL 33436				81 Name Ms Karen Mintz 82 Street Address (P.O. Box Number is Not Acceptable) 2240 Woolbright Road, 83 Suite# 315 84 City Boynton Beach FL 85 Zip Code 33436			

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: Karen Mintz
Signature of Registered Agent (Signature required after recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1. TITLE	C
NAME	UBEROI, MADHU	1. NAME	Uberoi, Madhu
STREET ADDRESS	172 TAMARACK CIRCLE	1.3 STREET ADDRESS	314 Commons Way
CITY, ST, ZIP	SKILLMAN NJ	1.4 CITY, ST, ZIP	Princeton, NJ 08540
TITLE	VCP	2. TITLE	VCP
NAME	UBEROI, MAHESH	2. NAME	Uberoi, Mahesh
STREET ADDRESS	172 TAMARACK CIRCLE	2.3 STREET ADDRESS	314 Commons Way
CITY, ST, ZIP	SKILLMAN NJ	2.4 CITY, ST, ZIP	Princeton, NJ 08540
TITLE	V	3. TITLE	V
NAME	ANBARASAN, SIVARAMAN	3. NAME	Anbarasan Sivaraman
STREET ADDRESS	923 CASE DR.	3.3 STREET ADDRESS	314 Commons Way
CITY, ST, ZIP	NESHANIC STATION NJ	3.4 CITY, ST, ZIP	Princeton, NJ 08540
TITLE	ST	4. TITLE	ST
NAME	UBEROI, MADHU	4. NAME	Uberoi, Madhu
STREET ADDRESS	23 ANDREWS LANE	4.3 STREET ADDRESS	314 Commons Way
CITY, ST, ZIP	PRINCETON NJ	4.4 CITY, ST, ZIP	Princeton, NJ 08540
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6. TITLE	
NAME		6. 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 119.037(3)(b), 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 and Block 13 if changed, or on an attachment with an address.

SIGNATURE: Madhu Uberoi President
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 609924 3200
Signature: [Signature]