## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	L REPORT	5° 7	Secretary of State DIVISION OF CORPORATIONS						
DOCUM 1. Corporation N	ENT # P9200	0001612 (	0)						
	ROUGH INTERNATIONAL	., INC.				a america de calenda esta de della Statica	46in 28il 88i	ar desil eliki l	11818 1181 1881
		<b>₹</b> 5.3							
Principal Place of Business Ma'ling Address						T JABIIIABI IIA 1210 IIAN ABIII PRII	ABist Haist Adi	At Name and:	11 <b>212</b> (19) ( <b>4</b> )
332 BUTTONW		332 BUTTONWOOD							
KISSIMMEE FL		KISSIMMEE FL 34743				Date Incorporated or Qualified			
						11/03/1992		5/01/199	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		<b>⊢</b> -⊢	pplied For lot Applicable
21		26				59-3214738			Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		Fe∋F	Required
City & State		City & State				6. Election Campaign Financing			May Be
23		28		-4		Trust Fund Contribution  8. This corporation has liability for			to Fees 199.032.
Zip	·		Zip Co.			Florida Statutes	s ∏ No		
24	9. Name and Address of Curre		1001			10. Name and Address of New I	Registered	Agent	
	0. 170			81	Name				
MENTA, DILIP R. 62 Str					Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
2255 EAST IRLO BRONSON HWY.									
				0.5				127 3	p Code
KISSIMMEE FL 34744					City		FL	_	
DICHIATURE	ed agent, or both, in the State of Flo n, and accept the obligations of, Se Signature, typed or printed name of registered age					oration submits this statement for the purant of directors. I hereby accept the appropriate of the properties of the pro	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	Addition
TITLE	D	DELETE.						[] Chairje	
NAME	MEHTA, DILIP		1.2 M						
STREET ADDRESS	332 BUTTONWOOD				ADDRESS   ST-ZIP				
CiTY-ST-ZIP	KISSIMMEE FL 34743	DELETE		<u>JITLE</u>	51 - Zir			Change	Addition
THILE NAME	MEHTA, PALLAVI D			IAME					
STREET ADDRESS	332 BUTTONWOOD		235	STREET	ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL			CITY-S	ST - 21P			Change	☐ Addition
7:11.5		DELETE	1	TITLE	}			onar ye	[] 200mon
NAME				NAME					
STREET ADDRESS					T ADDRESS S1 - ZIP				_
CITY-ST-ZIP		☐ DELETE		TITLE				Charige	☐ Addition
TITLE				NAME	i				
NAME STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-\$1-ZIP				CITY-	ST-ZIP			Change	Addition
TITLE		☐ DELETE		TITLE	<b>\</b>			C) Guange	☐ vegition
NAME				NAME					
STREET ADDRESS			•		T ADDRESS				
CITY-ST-ZIP		DELETI		CITY-	ST-ZIP			☐ Change	Addition
TILLE				NAME					
NAME STREET ADDRESS					I ADDRESS				

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 119.07(3)(k), 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 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 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 certify 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.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-933-8250 Date Deposit Phone !

CR2E034 (12/95)