Apr 13, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032880

1. Corporation Name

BHARAT TOURS & TRAVEL, INC.

9749 SW 111TH TERR					I (MONITOR USA) MUNITURE CITIES AND CONTRACTOR CITIES AND CONTRACTOR CONTRAC			
		· · · · · · · · · · · · · · · · · · ·						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	,					01/03/1993		
2 Principal Place of Business 2a Mailing Address			_			4. FEI Number . Applied For		
·	idea of Business	<u>⊢</u>	maning / worksoo			65-0408317 Not Applicable		
	# etc.					\$8.75 Additional		
		27				5. Certifcate of Status Desired Fee Required		
	e					6. Election Campaign Financing \$5.00 May Be		
23 ~~	were a second of the second	28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry	7	8. This corporation owes the current year Intangible		
24			30			Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent			T	10. Name and Address of New Registered Agent		
	LIA CININADA IALI			81	Name			
				82	Street Ad	et Address (P.O. Box Number is Not Acceptable)		
9749 SW 111TH TERR MIAMI FL 33176				<u> </u>				
MIAN	City & State Zip Country 25 9. Name and Address of Currer HARIJA, SINNARAJAH 9749 SW 111TH TERR MIAMI FL 33176 1. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of Signature, typed or printed name of registered agent. I am Familiar with, and accept the obligation of Signature, typed or printed name of registered agent. I am Familiar with, and accept the obligation of Signature, typed or printed name of registered agent. In the Signature, typed or printed name of registered agent. In the Signature, typed or printed name of registered agent. In the Signature, typed or printed name of registered agent. In the Signature, typed or printed name of registered agent. In the State agent. In the S			83				
				84	City	FL 85 Zip Code		
		 			<u> </u>			
office or r	egistered agent, or both, in the State of	of Florida, Such change was at	utnorizea	ιру	tne corpora	ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE		(NOTE:	Panistared	Azor	nt eignatum rag	squired when reinstating) DATE		
OSTIGERO AND DISCOTORS				-Nei	ii signature raqi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 TII	TLE .	$ \Gamma$	☐ Change ☐ Addition		
NAME	-		1.2 NA	ME				
	I		1,3 ST	REET	T ADDRESS			
	· · · · · · · · · · · · · · · ·		1.4 CF	TY-S	ST-ZIP			
TITLE	SD	☐ DELETE	2.1 Ti			☐ Change ☐ Additi		
NAME	SINNARAJAH, HARIJA		2.2 N	ME				
STREET ADDRESS	9749 SW 111TH TER.		2.3 ST	REE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		2.4 C	ITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 TI	ΓLE		☐ Change ☐ Additi		
NAME			3.2 NA	ME	•			
.STREET ADDRESS			3.3 ST	REE	T ADDRESS			
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NAME			4.2 N	AME				
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CITY-ST-ZIP			4.4 CI	TY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 T?			☐ Change ☐ Additi		
NAME			5.2 N	WE		•		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition