

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

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95 MAY -1 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # P93000061894
1. Corporation Name
EVERITE INVESTMENT CORP.

Principal Place of Business Mailing Address
1780 N.W. 20 ST
MIAMI FL. 33142

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 1780 N.W. 20 ST 26 1780 N.W. 20 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI FL 28 MIAMI FL
Zip Country Zip Country
24 33142 25 U.S.A 29 33142 30 U.S.A

3. Date incorporated or Qualified 3a. Date of Last Report
8/25/93 5/28/94
4. FEI Number Applied For
65-0437438 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
AJIT DATWANI
1415 N. GREENWAY DR
CORAL GABLES
CORAL GABLES FL

10. Name and Address of Now Registered Agent
85 Zip Code
33134

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PRESIDENT
NAME AJIT DATWANI
STREET ADDRESS 1415 N. GREENWAY DR
CITY - ST - ZIP CORAL GABLES FL. 33134
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
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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 800001540578
23 STREET ADDRESS -07/18/95--01106--008
24 CITY - ST - ZIP ***200.00 ***200.00
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

REMITTED BY MAY 1

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 110.07(3)(d), 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.

SIGNATURE: AJIT DATWANI 4-24-95 305-515-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #