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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000075788 (8)

ROMBAY MASALA, INC.

DOMEN	Whoreh, IIIo							
Principal Plac	ce of Business	Mailing Address						
4023 W. WATE TAMPA FL 336	• • • • •	4023 W. WATERS AVE. TAMPA FL 33614-1948						
						3. Date incorporated or Qualified 3a. Date of Last Report 05/10/1996		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3207338 Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required		
City & Stat	О	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<i>Z</i> ⊕	Country 25	Zip 29	Count	ry		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
PAT	el, Pradip		8	1	Name			
4023 W WATERS AVE			8:	2	Street Addr	ress (P.O. Box Number Is Not Acceptable)		
TAMPA FL 33614			8	3				
			_	1				
			B-	4	City	FL 85 Zip Code		
SIGNATURE	Signature, typicd or printed name of registered age	ent and tice if applicable [NO]	E: Registered A			poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered $4/29/97$		
12.	DEFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
NAME	PATEL, MANULA	בין טנננונ		1.2 NAME		f" oranide f" vocation		
STREET ADDRESS	4023 W. WATERS AVENUE		1.3 STRE		nnarée			
CITY - ST - ZIP	TAMPA FL		14 CiTY-					
TOLE	VP	☐ DELETE	2 1 TITLE			Change Addition		
NAME	KENI, VIJAY		2.2 NAM	=				
STREET ADDRESS	4023 W. WATERS AVENUE		2.3 STRE	ET A	ODRESS			
CITY - ST - ZIP	TAMPA FL		2.4 CITY	-ST	- ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS	j		3.3 STAE					
CHY-ST-ZIP TITLE				3.4. CITY~ST~ZIP		☐ Change ☐ Addition		
NAME		□ bereig	4.1 IIILE 4. 2 NAM			E cusulte E vanitui		
STREET ADDRESS			4, 2 NAM 4,3 STRE		INDRESS.			
CITY-ST-ZIP			4.3 STRE					
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition		
NAME			5.2 NAME		1	·		
STREET ADORESS			5.3 STRE	ET A	LDDRESS			

6.4 CITY-ST-ZIP 14. I do 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.

5.4 CITY - ST - ZIP

61 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY - S1 - ZIP

TILLE

Change Addition

FILED

May 13 1997 8:00am

Secretary of State