AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
97 JAN 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008129

Corporation Name: SAJA, INC.

[redacted]

Principal Place of Business | Mailing Address

REINSTATEMENT 96-97

3. Date Incorporated or Qualified: 2/2/94 | 3a. 1995

1. Principal Place of Business: 8071 SW 7th PLACE
Suite, Apt. #, etc.:
City & State: Ft Lauderdale FL
Zip: 33486 | Country: 25 USA

2a. Mailing Address: 26 1701 SW 12th Ave
Suite, Apt. #, etc.: 27
City & State: 28 Boca Raton, FL
Zip: 29 33486 | Country: 30 USA

4. FEI Number: 65-0472212 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MOHAMMED KHAN
10941 NW 9th St.
Pembroke Pines, FL 33026

10. Name and Address of New Registered Agent

81 Name: ALI M JAFERI
82 Street Address (P.O. Box Number is Not Acceptable): 1701 SW 12th Ave
83
84 City: Boca Raton FL 85 Zip Code: 33486

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: ALI M. JAFERI
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 1/10/97

12. OFFICERS AND DIRECTORS

TE D ME REET ADDRESS Y, ST, ZIP	MOHAMMED KHAN 10941 NW 9th St Pembroke Pines, FL 33026	☐ DELETE
TE ME REET ADDRESS Y, ST, ZIP		☐ DELETE
TE ME REET ADDRESS Y, ST, ZIP		☐ DELETE
TE ME REET ADDRESS Y, ST, ZIP		☐ DELETE
TE ME REET ADDRESS Y, ST, ZIP		☐ DELETE
TE ME REET ADDRESS Y, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	600002057815--1 -01/14/97--01167--006 ****915.00 ****915.00	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

1. 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

01-13-97

SIGNATURE: MOHAMMED KHAN PRESIDENT — 1/10/97 — (561)392-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #