FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
DHARMI INC
P94 00003 6149

Principal Place of Business
6235-A NEWBERRY ROAD
GAINESVILLE
FL 32605

Mailing Address
AS

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 6235-A NEWBERRY RD	2a. Mailing Address 26 AS
Suite, Apt. #, etc. 22 GAINESVILLE	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28
Zip 24 32605 Country 25 ALACHUA	Zip 29 Country 30

3. Date Incorporated or Qualified: 9 MAY 94
3a. Date of Last Report: FIRST REPORT
4. FEI Number: 59-3244536 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RAMESH PATEL
3826 N.E 7TH ST
OCALA
FL 34470

10. Name and Address of New Registered Agent

81 Name: HEMANT PATEL
82 Street Address (P.O. Box Number is Not Acceptable): 205 S.W. 75TH ST
83
84 City: GAINESVILLE FL 85 Zip Code: 32607

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: Hemant Patel — PRESIDENT — 4/22/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	HEMANT PATEL	12 NAME	HEMANT PATEL
STREET ADDRESS	6235-A NEWBERRY ROAD	13 STREET ADDRESS	6235-A NEWBERRY ROAD
CITY-ST-ZIP	GAINESVILLE FL 32605	14 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	SECRETARY	21 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	HEMANT PATEL	22 NAME	HEMANT PATEL
STREET ADDRESS	6235-A-NEWBERRY ROAD	23 STREET ADDRESS	6235-A NEWBERRY ROAD
CITY-ST-ZIP	GAINESVILLE FL 32605	24 CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	500001531445
STREET ADDRESS		33 STREET ADDRESS	-07/06/95--01093--021
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 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: Hemant Patel — PRESIDENT — 4/22/95 — 904-331-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #