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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000036149 (0)

1. Corporation Name
DHARMI, INC.

Principal Place of Business	Mailing Address
6235-A NEWBERRY RD. GAINSVILLE FL 32605 US	6235-A NEWBERRY RD. GAINSVILLE FL 32605-4305 US

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 04/17/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

PATEL RAMESH
6519 WINEBERRY ROAD
#208
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: PATEL RAMESH
82 Street Address (P.O. Box Number is Not Acceptable): 8833 N.W. 19TH LANE
83 GAINESVILLE
84 City FL 85 Zip Code 32606

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] 1/29/97
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	PS	☒ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	PATEL, HEMANT		1.2 NAME	RAMESH PATEL
STREET ADDRESS	6235-A NEWBERRY RD.		1.3 STREET ADDRESS	6235-A NEWBERRY ROAD
CITY-ST-ZIP	GAINSVILLE FL 32605		1.4 CITY-ST-ZIP	GAINESVILLE, FL, 32605
TITLE	PATEL HEMANT	☒ DELETE	2.1 TITLE	SECRATERY ☐ Change ☒ Addition
NAME	SECRATERY		2.2 NAME	DHARMISTA PATEL
STREET ADDRESS			2.3 STREET ADDRESS	6235-A NEWBERRY RD
CITY-ST-ZIP			2.4 CITY-ST-ZIP	GAINESVILLE, FL, 32605
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: [signature] PRESIDENT 1/29/97 352-331-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)