FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED
AND
FILED

95 MAR -1 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048641 (2)

1. MARIYAKA CORPORATION

Principal Place of Business	Mailing Address
~~715-A NORTHLAKE BLVD.~~ ~~NORTH PALM BEACH FL 33408~~	~~715-A NORTHLAKE BLVD.~~ ~~NORTH PALM BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 793 Northlake Blvd
22: Suite, Apt. #, etc.
23: City & State: North Palm Beach, FL
24: Zip: 33408 25: Country

2a. Mailing Address
26: 793 Northlake Blvd
27: Suite, Apt. #, etc.
28: City & State: North Palm Beach, FL
29: Zip: 33408 30: Country

4. FEI Number: 65-0506109 ☐ 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

SHAH, GIRISH
~~715-A NORTHLAKE BLVD.~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 793 Northlake Blvd
83:
84 City: North Palm Beach FL 85 Zip Code: 33408

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: _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	11 TITLE: D/P ☒ Change ☐ Addition
NAME: ~~SHAH, GIRISH~~	12 NAME: Girish Shah
STREET ADDRESS: ~~715-A NORTHLAKE BLVD.~~	13 STREET ADDRESS: 793 Northlake Blvd
CITY-ST-ZIP: ~~NORTH PALM BEACH FL 33408~~	14 CITY-ST-ZIP: North Palm Beach FL 33408
15 TITLE:	21 TITLE: ☐ Change ☐ Addition
16 NAME:	22 NAME:
17 STREET ADDRESS:	23 STREET ADDRESS:
18 CITY-ST-ZIP:	24 CITY-ST-ZIP:
19 TITLE:	31 TITLE: ☐ Change ☐ Addition
20 NAME:	32 NAME:
21 STREET ADDRESS:	33 STREET ADDRESS:
22 CITY-ST-ZIP:	34 CITY-ST-ZIP:
23 TITLE:	41 TITLE: ☐ Change ☐ Addition
24 NAME:	42 NAME:
25 STREET ADDRESS:	43 STREET ADDRESS:
26 CITY-ST-ZIP:	44 CITY-ST-ZIP:
27 TITLE:	51 TITLE: ☐ Change ☐ Addition
28 NAME:	52 NAME:
29 STREET ADDRESS:	53 STREET ADDRESS:
30 CITY-ST-ZIP:	54 CITY-ST-ZIP:
31 TITLE:	61 TITLE: ☐ Change ☐ Addition
32 NAME:	62 NAME:
33 STREET ADDRESS:	63 STREET ADDRESS:
34 CITY-ST-ZIP:	64 CITY-ST-ZIP:

14. To the best of my knowledge, the information supplied with this filing is absolutely true and correct and qualifies 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 above, or on an attachment with an address.

SIGNATURE: L. A. Shah 2-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

0247807 CP