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 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054496 (2)

1. Corporation Name
SHRI KRUPA, INC.

Principal Place of Business
201 PARK PL #103
ALTAMONTE SPRINGS FL 32701

Mailing Address
201 PARK PL #103
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

2. Principal Place of Business (21)	1537 SHADY OAK DR.
Suite, Apt #, etc (22)	
City & State (23)	KISSIMMEE, FL.
Zip (24)	34744
Country (25)	
2a. Mailing Address (26)	1537 SHADY OAK DR.
Suite, Apt. #, etc. (27)	
City & State (28)	KISSIMMEE, FL.
Zip (29)	34744
Country (30)	

4. FEI Number: 59-3269815 ☐ 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

CHOKSHI, DINESH
201 PARK PL #103
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: ANIL KAPADIA
82 Street Address (P.O. Box Number is Not Acceptable): 1537 SHADY OAK DR.
83
84 City: KISSIMMEE, FL. FL 85 Zip Code: 34744

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 X [signature] — 4/26/95
Signature, Typed or Printed Name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHAH, HARISH
STREET ADDRESS	8799 ALEGRE CIR
CITY ST ZIP	ORLANDO FL 32819
TITLE	DVT
NAME	KAPADIA, ANIL
STREET ADDRESS	1537 SHADY OAK DR
CITY ST ZIP	KISSIMMEE FL 34744
TITLE	DS
NAME	KAPADIA, INDU
STREET ADDRESS	1537 SHADY OAK DR
CITY ST ZIP	KISSIMMEE FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	ANIL KAPADIA	
1.3 STREET ADDRESS	1537 SHADY OAK DR.	
1.4 CITY ST ZIP	KISSIMMEE, FL. 34744	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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: X [signature] — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096789 CP