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

[illegible] 9:17

[illegible] OF STATE
[illegible], FLORIDA

DOCUMENT # **P94000054501 (9)**

1. Corporate Name

HARANI, INC.

Principal Address of Business	Mailing Address
201 PARK PL #103 ALTAMONTE SPRINGS FL 32701	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	2a. Mailing Address
21 1537 SHADY OAK DR.	26 1537 SHADY OAK DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE, FL.	City & State 28 KISSIMMEE, FL.
Zip 24 34744 Country 25	Zip 29 34744 Country 30

4. FEI Number: 59-3269804 ☐ 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	10. Name and Address of New Registered Agent
SHOKSHI, DINESH 201 PARK PL #103 ALTAMONTE SPRINGS FL 32701	81 Name: ANIL KAPADIA 82 Street Address (P.O. Box Number is Not Acceptable): 1537 SHADY OAK DR. 83 84 City: KISSIMMEE, 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: XX [signature] (If Changing Registered Agent, Signature Required Below) 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
12 NAME	SHAH, HARISH	12 NAME	ANIL KAPADIA
13 STREET ADDRESS	8799 ALEGRE CIR	13 STREET ADDRESS	1537 SHADY OAK DR.
14 CITY ST ZIP	ORLANDO FL 32819	14 CITY ST ZIP	KISSIMMEE, FL. 34744
21 TITLE	DVT	21 TITLE	☐ Change ☐ Addition
22 NAME	KAPADIA, ANIL	22 NAME	
23 STREET ADDRESS	1537 SHADY OAK DR	23 STREET ADDRESS	
24 CITY ST ZIP	KISSIMMEE FL 34744	24 CITY ST ZIP	
31 TITLE	DS	31 TITLE	☐ Change ☐ Addition
32 NAME	KAPADIA, INDU	32 NAME	
33 STREET ADDRESS	1537 SHADY OAK DR	33 STREET ADDRESS	
34 CITY ST ZIP	KISSIMMEE FL 34744	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is accurate and that such information complies with the requirements of Section 607.1622, 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 11 or Block 13 with an address, with an asterisk, or attached with an asterisk.

SIGNATURE: X [signature] 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0039720 CP