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May 15 1998 8:00am
Secretary of State

### PROFIT CORPORATION ANNUAL REPORT 1998

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

**DOCUMENT #  P94000054501 (9)**

1. Corporation Name

**HARANI, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1537 SHADY OAK DR<br>KISSIMMEE FL 34744<br>US | 1537 SHADY OAK DR<br>KISSIMMEE FL 34744<br>US |

DO NOT WRITE IN THIS SPACE

**3.** Date Incorporated or Qualified
**07/21/1994**

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| 21 | 26 | 59-3269804 | Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt #, etc<br>27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State<br>23 | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip<br>24 | Country<br>25 | Zip<br>29 | Country<br>30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No |

**9. Name and Address of Current Registered Agent**

KAPADIA, ANIL
1537 SHADY OAK DR
KISSIMMEE FL 34744

**10. Name and Address of New Registered Agent**

| 81 | Name | |
|---|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | FL | 85 | Zip Code |

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, 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 | PSD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAPADIA, ANIL | | 1.2 NAME | | |
| STREET ADDRESS | 1537 SHADY OAK DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VTD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAPADIA, INDU | | 2.2 NAME | | |
| STREET ADDRESS | 1537 SHADY OAK DR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | | 2.4 CITY-ST-ZIP | | |
| 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 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: _____  4-20-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #  0782788

CR2E034 (10/97)