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 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056657 (7)

1. Corporate Name
AYUR, INC.

Principal Place of Business	Mailing Address
11401 N MT VERNON DR PLANTATION FL 33325	11401 N MT VERNON DR PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0517104 — 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. Does corporation owe funds for intangible tax under S. 199.032, Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

PALEY, GREGG M
4800 N FEDERAL HWY
SUITE 105E
BOCA RATON FL 33431

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: (Required if this is a change of registered agent. Typed or printed name of registered agent and title if agent is an officer or director of a corporation.) — (Required if this is a change of registered agent.) — Date

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: D Name: KALIDINDI, SANDHYA Address: 11401 N MT VERNON DR City-St-Zip: PLANTATION FL 33325	[ ] Change [ ] Addition
Title: D Name: KALIDINDI, SHANTI Address: 11401 N MT VERNON DR City-St-Zip: PLANTATION FL 33325	[ ] Change [ ] Addition
Title: D Name: PRASAD, UMAMAHESWAR S Address: 121 PUFFIN CT City-St-Zip: ROYAL PALM BEACH FL 33411	[ ] Change [ ] Addition
Title: D Name: SEKHARAM, MADHAVI K Address: 713-101 SW 16TH AVE City-St-Zip: GAINESVILLE FL 32601	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate and that, to the extent required, this filing complies with the applicable provisions of Florida Statutes. I further certify that I am a director, officer or agent 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 above, or on an attachment with an address.

SIGNATURE: Sandhya Kalidindi — Sandhya Kalidindi — 4/27/95 — 305-746-5282
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OR STATUS — DATE — DAYTIME TELEPHONE NUMBER

0233000 CP