FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000060326 (3)**

1. Corporation Name

KALIDHA, INC.

Principal Place of Business

1199 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

Mailing Address

1199 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: **08/16/1994**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **NOT APPLICABLE** — 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 [X] No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 — Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 — Country 30

9. Name and Address of Current Registered Agent

RAHMAN, MOHAMMED M
1199 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

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 Section 607.0502 and F.S. 196.081, 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ISLAM, MOHAMMED I	
STREET ADDRESS	2230J SPRING HARBOR DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	[ ] DELETE
NAME	RAHMAN, MOHAMMED M	
STREET ADDRESS	1220 S. MIAMI RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurate. I further certify that this form does not contain any tax exemption stated in Section 119.07(3)(w), 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 is entered in Block 12 if correct as stated in Block 13.

4-5-96

SIGNATURE: M. Rahman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (954)463-0812

Date — Daytime Phone #