FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P9400060326 (3) KALIDHA, INC.

TO LINE INC.	
Principal Place of Business	Mailing Address
1199 8. FEDERAL HWY.	1199 S. FEDERAL HWY. FT. LAUDERDALF FL 33316-1228

FILED Apr 02 1997 8:00am Secretary of State

Principal Piac 1199 8. FEDER FT. LAUDERDA	RAL HWY.	Mailing Address 1199 S. FEDERAL HWY. FT. LAUDERDALE FL 33							
						3. Date incorporated or Qualified 08/16/1994	3a. Date 04/05		Report
 -	lace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE) 01,00	A	pplied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			_		П ;		lot Applicable Additional
22		[27]				5. Certificate of Status Desired		Fee R	lequired
City & Stat	e	City & Stato				Election Campaign Financing Trust Fund Contribution	[]		May Be
Zip	Country	7 _(p)	Cour	nlry		8. This corporation has liability for i	intangible ta		
24	25	29	30			Florida Statutes	Yes X	No	·
0.41	9, Name and Address of Curren	t Registered Agent]	61 Nar		10. Name and Address of New Re	gistered/Agi	ent	
	IMAN, MOHAMMED M 9 S. FEDERAL HWY.							- 	
	LAUDERDALE FL 33316			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptab	ilo)		
,				83					
}			}	84 City				85 Zip	Code
44 Ourougest	to the previolence of Sections 607 060	2 and 607 1k09 Elarida Clal	uloo tho oh			ration authorite this statement for the s			ita coniatored
office or r	to the provisions of Sections 607.060, registered agent, or both, in the State im familiar with, and accept the obligs	of Florida, Such change was stiggs of Soction 607,0505	s authorized	by the o	co corporatio	n's board of directors. Thereby accep	orpose of chi of the appoint	tment as	s registered
SIGNATURE	an demine was, and accept the conge	anons of, declion 607,0303,	riorioa diati	atoa.					
	Signature, typed or printed name of rogistered ago			Agent signs	iture required	when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13. 1.1 TIT	 £	-	ADDITIONS/CHANGES TO OFFIC		RECTOR Change	RS IN 12
NAME	ISLAM, MOHAMMED M	шин	1.2 NA				L.	Onlange	
STREET ADJORESS	2230J SPRING HARBOR DR.		1.3 \$1	REET ADDRES	ss				
CITY-ST-AIP	DELRAY BEACH FL 33445		1.4 00	Y-ST-					
TITLE	VD Rahman, mohammed m	[] DELETE	2.1 10				L	Change	Addition
NAME SEET ADDRESS	1220 S. MIAMI RD.		2.2 NA	ME ICET ADDRE:					
JITY-ST-ZIP	FT. LAUDERDALE FL 33316			IY-S1-ZIP	,5				
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NAME }			3.2 NAI	MΓ					
STREET ADDRESS			. I	RECT ADDRES	is				
CITY-ST-ZIP TITLE		DELETE	3.4. CF 4.1 1(I	Y-\$1-ZIP				Change	Addition
NAME		€ ptrit	4.1 AT				اسا	จะเลสมู่เรี	□ Vacation
STREET ADDRESS			•	ieet addres	is [
CITY-ST-ZIP				Y - \$1 - ZIP					
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NAME			5 2 NA						
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CITY-ST-ZIP TITLE		☐ DELETE	54 UH 61 181	Y - S1 - 7 IP .E				Change	Addition
NAME			62 NAI					φ-	
STREET ADDRESS			63 S1F	ITET ADDRES	3S				
CITY-ST-ZIP			6.4 CIT	Y-\$1-ZIP					

I do 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.