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 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060945 (0)

1. Corporate Name

U.S. COMMERCIAL, INC.

Principal Place of Business: 285 LORAINE DR. # 209 ALTAMONTE SPRINGS FL 32714

Mailing Address: 285 LORAINE DR. # 209 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994

3a. Date of Last Report: N/A

2. Principal Office of Business: 253 Palm Park Circle	2a. Mailing Address: P O Box 160876
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.:
City & State: Longwood FL	City & State: Altamonte Springs
Zip: 32779 Country: USA	Zip: 32716 Country: USA

4. FEI Number: 593261191 — 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 is eligible for the exemption provided in Section 607.1901(2), Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KHAKI, SHAUKATALI
275 E. CENTRAL PARKWAY
APT. 1118
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

Name: Same As on Left
Street Address (P.O. Box Number is Not Acceptable): 253 Palm Park Circle
Apt 207
City: Longwood FL Zip Code: 32779

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] 04/27/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: KHAKI, MEHBUBALI STREET ADDRESS: 285 LORAINE DR., # 209 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	☑ Change ☐ Addition TITLE: Same As on Left NAME: Same As on Left STREET ADDRESS: 253 Palm Park Circle Apt 207 CITY-ST-ZIP: Longwood FL 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Mehbubali Khaki — 04/27/95 (401) 665 9457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0413787 FP