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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 9:57

DOCUMENT # P94000067158 (3)

1. Corporation Name
DEVPRASAD INDUSTRIES OF AMERICA, INC.

Principal Place of Business	Mailing Address
~~108 S. BABCOCK ST.~~ ~~MELBOURNE FL 32901~~	~~108 S. BABCOCK ST.~~ ~~MELBOURNE FL 32901~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14170 US1	26 14170 US1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SebastiaN, FL	28 City & State: SebastiaN, FL
24 Zip: 32958 25 Country: IndianRiver	29 Zip: 32958 30 Country: IndianRiver

4. FEI Number: 59-3268047 ☐ 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 ☒ No

9. Name and Address of Current Registered Agent

MAHON, TIMOTHY K
2929 E. COMMERCIAL BLVD.
PENTHOUSE E
FT. LAUDERDALE FL 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DAVE, MUKESH	12 NAME		
STREET ADDRESS	~~108 S. BABCOCK ST.~~	13 STREET ADDRESS	14170 US1	
CITY ST ZIP	~~MELBOURNE FL 32901~~	14 CITY ST ZIP	SebastiaN, FL 32958	
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	DAVE, AVYAYAM	22 NAME		
STREET ADDRESS	~~108 S. BABCOCK ST.~~	23 STREET ADDRESS	2730 Ridings Way	
CITY ST ZIP	~~MELBOURNE FL 32901~~	24 CITY ST ZIP	York, PA 17404	
TITLE	~~VD~~	31 TITLE		☐ Change ☐ Addition
NAME	~~DAVE, PIYUSH D~~	32 NAME		
STREET ADDRESS	~~108 S. BABCOCK ST.~~	33 STREET ADDRESS		
CITY ST ZIP	~~MELBOURNE FL 32901~~	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby 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: Mukesh Dave 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0086280 CP