SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000067387 (8)

1. Corporation Name

ARIHANT, INC.

Principal Place of Business	Mailing Address
~~6759 HIGHLAND PINE CIR~~	~~6759 HIGHLAND PINE CIR~~
~~FT MYERS FL 33912~~	~~FT MYERS FL 33912~~
2098 CRYSTAL DR	2098 CRYSTAL DR
FORTMYERS FL. 33907	FORTMYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 2098 CRYSTAL DR	2a. Mailing Address	26 2098 CRYSTAL DR
Suite, Apt. #, etc.	22 27	Suite, Apt. #, etc.	27 27
City & State	23 FORTMYERS	City & State	28 FORTMYERS
Zip / County	24 33907 / 25 LEE	Zip / County	29 33907 / 30 LEE

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report:
4. FEI Number: 65-052 5792 ☐ 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

MANIAR, RAJU
6635 W COMMERCIAL BLVD #115
TAMARAC FL 33319

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 M.V. Mehta — 6.7.95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MEHTA, MAHENDRA	1.2 NAME	
STREET ADDRESS	6759 HIGHLAND PINE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MEHTA, DEENA	2.2 NAME	
STREET ADDRESS	6759 HIGHLAND PINE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(k), 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: M.V. Mehta MAHENDRA MEHTA 6.7.95 813 277 0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0106537 CP