

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

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000082644 (3)

1. Corporation Name

SWAMI'S TRADING INC.

Principal Place of Business

16497 N.W. 49TH AVE.
 MIAMI FL 33014

Mailing Address

16497 N.W. 49TH AVE.
 MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1994

3a. Date of Last Report

2. Principal Place of Business

21. SAME AS ABOVE

2a. Mailing Address

26. SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

10. Name and Address of New Registered Agent

**ARJOON, ROOPCHAN
 1980 NE 173RD STREET
 NORTH MIAMI BEACH FL 33162**

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

R. Arjoon ROOPCHAN ARJOON

6/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-12)

TITLE	PRESIDENT = P
NAME	ROOPCHAN ARJOON
STREET ADDRESS	1980 NE 173rd STREET
CITY - ST - ZIP	N.M.B. FL. 33162
TITLE	SECRETARY = S
NAME	NARINDRA ARJOON
STREET ADDRESS	1980 NE 173rd Street
CITY - ST - ZIP	NMB FL. 33162
TITLE	TRUSTEE = TR
NAME	RESHMA ARJOON
STREET ADDRESS	1980 NE 173rd Street
CITY - ST - ZIP	NMB FL. 33162
TITLE	TRUSTEE = TR
NAME	RENUKHA ARJOON
STREET ADDRESS	1980 NE 173rd St.
CITY - ST - ZIP	N.M.B. FL. 33162
TITLE	TRUSTEE = TR
NAME	REKHA ARJOON
STREET ADDRESS	1980 NE 173rd Street
CITY - ST - ZIP	N.M.B. FL. 33162
TITLE	TRUSTEE = TR
NAME	CHANDOO SOODEN
STREET ADDRESS	1980 NE 173rd Street
CITY - ST - ZIP	NMB. FLORIDA 33162

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 (ROOPCHAN ARJOON)

SIGNATURE:

R. Arjoon PRESIDENT

6/26/95 305-626-9630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #