PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084635

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90057 014 ***150.00

j 1. Corporatio	on Name								
SHAMIA	INA, INC.								
[MAN BIRIN RAM	a 111 14 1 a 111 1 44 1
Principal Place of Business Mailing Address								19111 01010 0410	# 111#1 B(III 1##I
7040 INTERNATIONAL DR. 7040 INTERNATIONAL DR.						1			
ORLANDO FL 32819 ORLANDO FL 32819						DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed	TE IN THIS	SPACE	 -
						11/14/1994			
Principal Place of Business 2a. Mailing Address								oplied For	
21		26				<u>59-3277175</u>			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #. etc. 27						5. Certifcate of Status Desired			Additional equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	_ '			ntry		8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 Name		10. Name and Address of New R	registered .	Agent	
SAT	PAL, SUBHASH S			Name					
5721 PGA BLVD				82 Stree	t Addres	ss (P.O. Box Number is Not Accepta	ble)		
ORLANDO FL 32839				83			·		
0,10	3 1150 12 02000			33)					Ì
				84 City	-		FL	.	Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida S	tatutes, the a	bove-name	d corpor	ration submits this statement for the	purpose of	changing its	registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Stat	utes.	poration	is board of directors. Thereby accep	n me abbon	initionit 92 to	gistered
SIGNATURE									
	Signature, typed or printed name of registered age	·	(NOTE: Registered	Agent signature	required v		DATE	D OUDEOTO	DO 11 40
12.	PD OFFICERS AF	ND DIRECTORS	13. Έ 1.1 π			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
NAME	SATPAL, SUBHASH S	الما المارين	1.2 N/		i i			onlingo	
	7040 INTERNATIONAL DR.		1	TREET ADDRESS	,				ì
STREET ADDRESS	ORLANDO FL 32819			reet addres. TY-ST-ZIP	1				
TITLE	ONDANDO 1 E OE013	☐ DELET						Change	Addition
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) City-St-Zip	}		3.4. C	TY-ST-ZIP]
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STREET ADDRESS	<u> </u>		4.3 \$7	REET ADDRESS	3				}
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP					
TITLE		☐ DELET	E 5.1 π	n.E	1			Change	Addition
NAME	,		5.2 NA	ME	1				[
STREET ADDRESS			5.3 87	REET ADDRESS	s				Ì
CITY-ST-ZIP	<u> </u>		5.4 CF	TY-ST-ZIP	<u> </u>				
TITLE		☐ DELET	E 6.1 TT	n.E				Change	Addition
NAME			6.2 NA	ME					{
STREET ADDRESS			6.3 ST	REET ADDRESS	3				-
	I		6.4.CF	TY-ST-ZIP	1				}

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x04/17/99 4073541160

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