SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088764 (3)

MUKESH MARKETS CORPORATION

Principal Place of Business	Mailing Address
255 HIDDEN SPRINGS CIR	P.O. BOX 747
KISSIMMEE EL 34743	LOUGHMAN EL 33958

FILED Sep 18 1997 8:00am Secretary of State



255 HIDDEN SI KISSIMMEE FL		P.O. BOX 747 LOUGHMAN FL 33858		DO NOT WRITE IN THIS SPACE				
					Date Incorporated or Qualified 12/07/1994	3a. Date of Las 01/15/199		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1 0 11 12 1	Applied For	
21 P.O.B	019 747	26			59-3283374		Not Applicable	
Sulte, Apt.		Suite, Apl. #, etc.			5. Certificate of Status Desired	יייד ועו	5 Additional Required	
City & State 23 LOU	o Killmand FC	City & State			Election Campaign Financing Trust Fund Contribution	· ·	00 May Be ed to Fees	
Zip 3 3 8	Country 25 U.S. A	Zip 29	Count 30	ry	8. This corporation owes or has pai Personal Property Tax due June	30. 🔲 Yes	r Intangible	
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent		
	WOOD, CHRIS		8	Name V	JAYNG SMAUGY			
3322 BISHOP PARK DRIVE #632			8:	7651	ess (P.O. Box Number is Not Acceptab ff(RILWov) (COVLF)	le)		
WIN	TER PARK FL 32792		8	3				
			8	DRO	LANDO	▁▕▘▙▕▁▕▁░	2ip Code 3.2.8/9	
11. Pursuant to the provisions of Soctions 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, typod of Table of registered agent	and title if applicable (NOTE	Registered A	gent signature require	ed whon rainstaling)	9-4-92 DATE		
12,	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME	PATEL, BHASKARBHAI M	IFPS ALLANI	1.2 NAMI	Ε	,		;	
STREET ADDRESS	61/83 HAMLET CT RD, WESTCH	LIFFE-UN-SEA	1.3 STRE	E1 ADDRESS	1		ļi	
CITY-ST-ZIP			1.4 Cily	-ST-ZIP		·		
TITLE	D.	☐ DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition (
NAME	PATEL, BALKRISHNA M		2.2 NAMI	i				
STREET ADDRESS	61/63 HAMLET CT ROAD, WES	ICLIFFE-UN-SEA	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ESSEX SSO 1EY	T OCLETE		-ST-ZIP			7.00	
TITLE		DETEAL	3.1 TITLE 3.2 NAMI			☐ Chan	ge 🗌 Acidition	
NAME	PATEL, PRIHBEN B 6 61/63 HAMELT CT CR, WESTCLIFFE-ON-SEA							
STREET ADDRESS	ESSEX SSO 7EY	ALLE-OIM-SEV	1	ET ADDRESS				
CITY-ST-ZIP	D	DELETE	3.4. CITY 4.1 TITLE			Chan	ge Acdition	
TITLE NAME	PATEL, SAHGIHA M		4.1 IIIEE 4.2 NAM	1		LJ Chan	80 MEGNION	
	61/63 HAMLET CT ROAD, WES	TCLIFFE-ON-SFA					j	
STREET ADDRESS CITY-ST-ZIP	ESSEX SSO 7EY 4.3 STREET ADDRESS 44. CITY - ST - ZIP							
TITLE		DELETE	5.1 TITLE			Chan	ge Addition	
NAME		—	5.2 NAMI	1				
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 City-St-ZiP					
TITLE		☐ DELETE	6.1 TITLE		707.7	Chan	ge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS)	
CITY-ST-ZIP			6.4 City	-ST-ZIP				

14. I do 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 on an attachment with an address.

CICNATURE.

9-16-89

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