

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000088764 (3)

1. Corporation Name

MUKESH MARKETS CORPORATION

Principal Place of Business

PO BOX 747
LOUGHMAN FL 33858
US

Mailing Address

P.O. BOX 747
LOUGHMAN FL 33858

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

Country

9. Name and Address of Current Registered Agent

SMALLEY, WAYNE
7651 APRILWOOD COURT
#832
ORLANDO FL 32818

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

Signature, typed or printed name of registered agent or director 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 PATEL, BHASKARBHAI M 61/63 HAMLET CT RD, WESTCLIFFE-ON-SEA ESSEX SSO 7EY	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PATEL, BALKRISHNA M 61/63 HAMLET CT ROAD, WESTCLIFFE-ON-SEA ESSEX SSO 1EY	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PATEL, PRINBEN B 61/63 HAMLET CT CR, WESTCLIFFE-ON-SEA ESSEX SSO 7EY	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PATEL, SAHQA M 61/63 HAMLET CT ROAD, WESTCLIFFE-ON-SEA ESSEX SSO 7EY	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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:

BHASKAR PATEL

SIGNATURE AND NUMBER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1994

4. FEI Number

59-3283374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (1097)