FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000007822 (6)

1. Corporation Name
MITOS VENTURES INC.

Principal Place of Business
~~5835 BARTOW RD S.~~
~~LAKELAND FL 33813~~

Mailing Address
~~5835 BARTOW RD S.~~
~~LAKELAND FL 33813~~

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3020 S. COMBEE RD.
22 Suite, Apt. #, etc.
23 City & State: EATON PARK
24 Zip: FL 33840
25 Country: USA

2a. Mailing Address
26 P.O. Box 340
27 Suite, Apt. #, etc.
28 City & State: EATON PARK
29 Zip: FL 33840
30 Country: USA

4. FEI Number: 59-3300241 — 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
MAYER, CHARLES R
5835 BARTOW RD S.
LAKELAND FL 33813

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 _____ (Signature (Typed or printed name of registered agent and the date signature) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~DRST~~ PRESIDENT. ☐ DELETE
NAME	PATEL, MAHESHKUMAR
STREET ADDRESS	PO BOX 340
CITY-ST-ZIP	EATON PARK FL 33840
TITLE	V.P. & SECRETARY ☐ DELETE
NAME	PATEL JAYANTKUMAR
STREET ADDRESS	2224 EASTMEADOWS COURT.
CITY-ST-ZIP	LAKELAND FL 33813.
TITLE	TREASURER. ☐ DELETE
NAME	PATEL VIRENDRAKUMAR
STREET ADDRESS	4920 TRAP TION DRIVE
CITY-ST-ZIP	LAKELAND FL 33813.
TITLE	DIRECTOR ☐ DELETE
NAME	PATEL BHUPENDRAKUMAR
STREET ADDRESS	3205 SMOKESIGNAL CR
CITY-ST-ZIP	KISSIMMEE FL 34746.
TITLE	DIRECTOR ☐ DELETE
NAME	PATEL JYOTINDRAKUMAR
STREET ADDRESS	5185 WARRIOR LANE
CITY-ST-ZIP	KISSIMMEE FL 34746.
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT. ☐ Change ☐ Addition
1.2 NAME	PATEL MAHESHKUMAR
1.3 STREET ADDRESS	1830 SANCHEZ AVE
1.4 CITY-ST-ZIP	LAKELAND. FL 33801.
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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: MAY 6, 96

Daytime Phone: 941-666-8940.

CR2E034 (12/95)

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