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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 010 ***150.00

| RASN UI | NITED INC. | | | | | | | | |
|--|---|--|--------------------------|-------------|---------------------------------|---|---|-------------------------|--------------------------|
| Dringinal Place | of Business | Mailing Address | | | _, | ם ווופט ווווט ושופו שוו ומתוועם ו | išt da žti sa ti a i | 1 00 1 1011 0011 | 1 1010 1001 1001 |
| Principal Place of Business Mailing Address 1545 W. LANTANA ROAD 100 BANYAN LANE | | | | | | | | | |
| LANTANA FL 33 | · · · · · · · · · · · · · · · · · · · | ROYAL PALM BCH FL 33411 | | | | | | | |
| | | US | us | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed 04/10/1995 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | A | oplied For |
| 21 1434 | W. LANTANA ROAD | 26 | | | | 65-0565865 | | No | ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | | Additional | |
| 22 | | 27 | | | | | | equired | |
| City & State | | City & State | | | 6. Election Campaign Financing | | | May Be | |
| 23 LAHT | | Zip Country | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | <u>⊢</u> ¬ ' r | 30 South | | | This corporation owes the curr Personal Property Tax. | ent year inta | angioie □Yes | ₩ No |
| 24 3346 | 9. Name and Address of Current | 1 | 30 | | | 10. Name and Address of New F | Registered (| | 7 |
| | 9. Name and Address of Current | registered Agent | 8 | 1 | Name | , , , | | <u> </u> | |
| Parikh, Shrikant K | | | | | | | | | · · · |
| | BANYAN LANE | | 8: | 2 | Street Addre | ss (P.O. Box Number is Not Accepta | able) | | |
| ROYAL PALM BEACH FL 33411 | | | 8 | 3 | | | | | |
| ı | | | _ | 1 | | | | loc Zin | Codo |
| | | | 8 | 4 | City | grander of the second | FL | 85 Zip | Code |
| office or re agent. I ar SIGNATURE | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was au ons of, Section 607.0505, Flori | tnorized b da Statute | y 11 98. | ne corporation | is board of directors. Thereby acce | or the appoi | iuneni as re j | registered and agistered |
| | Signature, typed or printed name of registered agent | | | ent | signature required | | DATE TO AN | D DIRECTO | DDC IN 12 |
| 12. | OFFICERS AND | DELETE | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | ☐ Change | Addition |
| TITLE | PARIKH, SHRIKANT K | r Dtreie | 1.2 NAME | | | | | | |
| NAME | 100 BANYAN LANE | | | | ADDRESS | | | | } |
| STREET ADDRESS | ROYAL PALM BEACH FL 33411 | | | | | | | | |
| CITY-ST-ZIP | D | ☐ DELETÉ | 1.4 CITY- 2.1 TITLE | | -219 | | | ☐ Change | Addition |
| TITLE | Parikh, nanda s | - Official | 2.2 NAME | | | | • | _ , | , - |
| NAME | 100 BANYAN LANE | | | | ADDRESS | | | | |
| STREET ADDRESS | ROYAL PALM BEACH FL 33411 | | 2.4 CITY | | | | | | |
| CITY-ST-ZIP TITLE | HOTAL FALM BENOTTE GOTT | ☐ DELETE | 3.1 TITLE | | 1-2IF | | | Change | Addition |
| NAME | | _ | 32 NAME | | | | | | |
| STREET ADORESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAM | E | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE | DELETE | | | 5,1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | Ε | | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET/ | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ·ST- | -ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | - | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | E | | | | | |
| STREET ADORESS | | | 6.3 STRE | ŁΤ | ADDRESS | | | | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: