FILE NUW: FIEING FEE AFTER WAY 1 15 \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPOPATIONS P95000033754 (9) DOCUMENT # Corporation Name SAISHA TECHNOLOGY AND CIRCUITS, INC. Principal Place of Business Muiling Address 1679 S.W. 158TH AVE. 1679 S.W. 158TH AVE. PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 3 Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 Principal Place of Business 4 FEI Number Za. Mailing Address Applied For 26 65-0606362 Not Applicab Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5 Certificate of Status Desired 27 Fee Required City & State City & State ு - கொத்வழா 1 மன்காரு \$5.00 May Be 28 in or Certification: Added to Fees Zio Country 2 pCountry This corporation has liability for intangible tax under s 199,032, 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 81 **CT CORPORATION SYSTEM** Short wilde (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** 63 City 84 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 off or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Sooperative integration promoted by the integrational diagnostics of the integral applicable. (NOTE: Registered Agent signature required when renstating) OFFICERS AND DIRECTORS CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1. T THE Change Addition NARANG, MUKESH 1.2 NAME 1679 S.W. 158TH AVE. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33027 CITY - ST - ZIF 1.4 CHY+S1+ZIP DELETE 2.1 TRUE Change Additio: NARANG, NAMRATA 22 NAME 1679 S.W. 158TH AVE. STREET ADDRESS 2.3 STREET ADDRESS. PEMBROKE PINES FL 33027 CHY-ST-ZIP 2.4 CHY+51+ZIP DELETE 3 1 TITLE Change ☐ Additio 32 N/M5y -STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIP 34 City St-ZP DELETE 4 I billé Change ☐ Additio 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 Oil Y ST ZIP 3**0000182485a** -05/16/96--01076--004 DELETE 5 1 THUE • ☐ Additio 5.2 NAME ***200.00 STREET ADDRESS 5 3 STREET ADDRESS DITY-ST ZIP 54 City - ST - ZiP DELETE 6 1 THLE Additio 6 2 NAME

I do hereby de l'y that the information supplies I with this filing is vounitarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information inclinated on this amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undoesth, that I an 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:

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NAME

STREET ADURESS

MUKESH NARAN G OFFICER OR DIRECTOR

6.3 STREET ADDRESS