

PROFIT CORPORATION ANNUAL REPORT

Block 12 or Block 13 if changed, or on an attachment

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 09 1998 8:00am Secretary of State

1998 DOCUMENT # INDIAN Principal Place of Business Mailing Address 2160 N.W. 2181-8/ret DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable SAME ., Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required ty & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INDRA KUMAR TOLANI 62 Street Address (P.O. Box Number is Not Acceptable) 2160 N.W. 21st Street 83 MIIANI FL-33142 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRF 9106WT | SECRETARY | VF PRESIDENT | SECRETARY | UP TITLE 1.1 1/116 SUSHIL TOLANI 2160 N.W. 21 ST STREET 1.2 NAME NAME 1.3 STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TIME 21 10 F NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. C/TY-ST-7IP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP ☐ DELETE ... Change Addition TITLE 6.1 TITLE 300002552313 NAME 6.2 NAME -06/09/98--01018--024 STREET ADDRESS 6.3 STREET AUDRESS ***150.00 CITY-ST-ZIP 64 CITY-ST-ZIP

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 arrived report or supplemental annual report is true and accurate and that my signature shall have the same logal 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

with an address.