

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042431 (3)

1. Corporation Name

AMBAJI, INC.



Principal Place of Business

Mailing Address

257 TOLLGATE BLVD.
ISLAMORADA FL 33036

P.O. BOX 1405
TAVERNIER FL 33036

2. Principal Place of Business

21 5525 US HWY 27 N

Suite, Apt. #, etc

22

City & State

23 DAVENPORT

Zip

24 33837

Country

25 USA

2a. Mailing Address

26 5525 US HWY 27 N

Suite, Apt. #, etc

27

City & State

28 DAVENPORT

Zip

29 33837

Country

30 USA

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

4. FEI Number

65-0586851

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

MEHTA, PRADIP M
257 TOLLGATE BLVD.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name

SURESH GUPTA

82 Street Address (P.O. Box Number is Not Acceptable)

5525 US HWY 27 NORTH

83

84 City

DAVENPORT

FL

85 Zip Code

33837

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 is 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-14-96

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME GUPTA, SURESH M
STREET ADDRESS 257 TOLLGATE BLVD.
CITY-ST-ZIP ISLAMORADA FL 33036

☐ DELETE

TITLE VTD
NAME MEHTA, PRADIP P
STREET ADDRESS 257 TOLLGATE BLVD.
CITY-ST-ZIP ISLAMORADA FL 33036

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.D.
1.2 NAME GUPTA, SURESH K
1.3 STREET ADDRESS 7636 APPLE TREE CIR
1.4 CITY-ST-ZIP ORLANDO FL 32819

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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

President

6-14-96

941-424-2120

Date

Daytime Phone #

CR2E034 (3/96)