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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000051036 (8)

SWENI INTERNATIONAL, INC.

FILED Feb 02 1998 8:00am Secretary of State



| rancipal ria | De Of Business | Mailing Address | | | | | |
|---|---|--|---------------------------------------|---|---|--------------------|------------------|
| 4520 WEST EAU GALLIE BLVD. MELBOURNE FL 32834 | | 4520 WEST EAU GALLIE BLVD. MELBOURNE FL 32934 | | | | | |
| | | | | | DO NOT WRITE IN THIS | SPACE | |
| | | | | | Date Incorporated or Qualified | | |
| | | | | | 06/30/1995 | | |
| | Place of Business | 2a, Mailing Address | | | 4. FEI Number | | Applied For |
| 21 26 | | | | | 59-3329937 | | Not Applicable |
| Suite, Apt | . #, e tc. | —————————————————————————————————————— | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 5 Additional |
| 27 | | | · · · · · · · · · · · · · · · · · · · | | 5. 55.11.55.55.55.55. | Fee | Required |
| City & State City & St. | | | alo | | 6. Election Campaign Financing | |)0 May Be |
| 23 | 28 | | | Trust Fund Contribution | | | |
| Zip | Country | Zφ | Country | 1 | 8. This corporation owes or has paid the cu | | |
| 24 | [25] | 29 | 30 | | Personal Property Tax due June 30. | ∐ Yes | ∐ No |
| | 9. Name and Address of Currer | nt Hegistered Agent | 81 | 61 | 10. Name and Address of New Registered | Agent | |
| SOILEAU, JUHN L | | | | 81 Name | | | |
| 1970 MICHIGAN AVE. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| BLDG, C | | | | | | | |
| C | OCÓA FL 32922 | | 83 | | | | |
| | | | 84 | City | | OF 7 | ip Code |
| | | | 67 | City | FL | _ 85 Zi | th code |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statut | es, the above | -named cor | rporation submits this statement for the purpose of | of changing | g 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 penied name of registered ago | ent and ten if applicable (NOT | E Registered Age | nt signature requ | pared when reinstating) DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | ORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change | e Addition |
| NAME | GANDHI, PRATIBHA | | 1.2 NAME | | | | |
| STREET ADDRESS | 4520 WEST EAU GALLIE BLY | VD. | 1.3 STREET | ADORESS | | | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | . • | 1.4 CITY - S | | | | |
| TITLE | D | DELETE | 2 1 TITLE | | <u> </u> | Change | e Addition |
| NAME | GANDHI, HEMANT | | 2.2 NAME | | | | |
| STREET ADDRESS | 4520 WEST EAU GALLIE BLY | νħ | 2.3 STREET | AUDBESS | | | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | 7D . | 2.4 CITY- S | | | | |
| TITLE | D | DELETÉ | 3.1 TITLE | 1-21 | | Change | e Addition |
| NAME | PATEL, USHA B | L.J DELETE | | | | € Unadge | - La Addition |
| | | m | 3.2 NAME | 1000000 | | | |
| STREET ADDRESS | 4520 WEST EAU GALLIE BLY | VU. | 3.3 STREET | | | | |
| CITY-ST-ZIP | MELBOURNE FL 32934 | DELETE | 3.4. CITY - S | T · ZIP | | T 1 A | |
| TITLE | D DATE: DAOIS | LJ DECETE | 4.1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | PATEL, BACHU | _ | 4. 2 NAME | | | | l |
| STREET ADDRESS | 4520 WEST EAU GALLIE BLY | /U. | 4.3 STREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | MELBOURNE FL 32934 | | 4.4 CITY - S1 | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | e 🔲 Addition |
| NAME | | | 5.2 NAME | | | | [|
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 54 CITY-ST | - ZIP | | | |
| TITLE | | ☐ DELE TE | 61 TITLE | | | Change | e 🔲 Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST | | | | |
| | | | 0.7 DHT 201 | -" | | | |

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 of 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 trustice 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.