

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000060534 (1)

1. Corporation Name

MAHAL BAZAAR INC



Principal Place of Business

10091 133RD ST
N SEMINOLE FL 34646

Mailing Address

10091 133RD ST
N SEMINOLE FL 34646

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 2480, East Bay drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 C-15

27 Suite, Apt. #, etc.

23 City & State

Largo, FL

28 City & State

24 Zip 34641

25 Country U.S.A.

29 Zip

30 Country

4. FEI Number

593331299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

JAIN, AJOY
10091 133RD ST
N SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name

AJOY JAIN

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

10091, 133rd St N.

83

84 City

Seminole

FL

85 Zip Code

34646

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 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

M Jain
Signature (typed or printed name of registered agent and state if director)

(If the Registered Agent Signature is not required, check this box)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME Meeta Jain
STREET ADDRESS 10091, 133rd St N
CITY-ST-ZIP Seminole FL-34646

TITLE Agent ☐ DELETE

NAME Ajoy Jain
STREET ADDRESS 10091, 133rd St N
CITY-ST-ZIP Seminole, FL-34646

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

☐ Change ☐ Addition

25 5.1

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M Jain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

536-2178

CR2E034 (12/95)