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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000060534 (1) MAHAL BAZAAR INC Principal Place of Business Mailing Address 2480 EAST BAY DR. 2480 EAST BAY DR. C-15 C-15 LARGO FL 33771-2441 **LARGO FL 34641** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/04/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3331299 21 Not Applicable 26 Suite Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AJOY, JAIN 10091 133RD ST Street Address (P.O. Box Number is Not Acceptable) 82 N SEMINOLE FL 34648 83 Zip Code

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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, Septen 607.0505, Florida Statutes.

3127197 c of registered agent and lifle is applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE <u></u> MEETA, JAIN NAGGERHAT NAME 1.2 NAME 10091 133RD ST. N. STREET ADDRESS 1.3 STREET ADDRESS 2015 BEZL RANCH S **SEMINOLE FL 34646** CITY-ST-ZIF 1.4 CITY - ST - ZIP ___ Addition Change 2.1 TITLE TITLE AJOY, JAIN NAME 22 NAME 10091 133RD ST. N. STREET ADDRESS 2.3 STREET ADDRESS **SEMINOLE FL 34846** 2.4 CITY-ST-ZIP CITY-ST-ZP DELETE 31 TITLE Change Addition THEF 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - 7/P DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Change ☐ Addition 5.1 TITLE THE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-SI-ZIP

14. I do 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 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

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FILED

Apr 01 1997 8:00am

Secretary of State

This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Florida Statutes