FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069558 1. Corporation Name

MIRAJ, INC.

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Principal Place of Business

2525 NW 2ND AVE

MIAMI FL 33127

Mailing Address

2525 NW 2ND AVE MIAMI FL 33127

May 04, 1999 8:00 am Secretary of State

05-04-1999 90185 048 ***150.00



DO NOT WRITE IN THIS SPACE

					09/11/1995		j
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21	26				65-0615153	No	ot Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22	27				5. Certificate of Status Desired	Fee Re	equired
	City & State City & State				6. Election Campaign Financing		May Be
23 28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		1	8. This corporation owes the current year Intangible Personal Property Tax. Yes	
24	25	_ 	30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hame and Address of Haw Registered A	Agir.	
SHAH, MAHESH				1101110		<u></u>	
2525 NW 2ND AVE				Street Ac	dress (P.O. Box Number is Not Acceptable)	:	
MIAMI FL 33127				83			
			*`	1			
			84	City	FL	85 Zip	Code
4 5	15 th	ned 607 1509 Florida Statuta	the above	o nomed co	propration submits this statement for the purpose of cl	hanging its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was at	uthorized by	the corpora	ation's board of directors. I hereby accept the appoint	ment as re	gistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statute	5.			
SIGNATURE		and this if continues (NOTE:	Decistored Age	not signature recu	uired when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	int signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	PTD DELETE		1.1 TITLE		7.5511.010.314.11020.75 31.11021.11.11	Change	☐ Addition
NAME	SHAH, MAHESH		1.2 NAME				1
STREET ADDRESS	980 NE 170 ST #112			T ADDRESS			}
CITY-ST-ZIP	NO MIAMI BEACH FL 33162		1.4 C/TY-1				ſ
TITLE	VSD	☐ DELETE	2.1 TITLE	, ,		Change	☐ Addition
NAME	SHAH, PRITI M		2.2 NAME			;	ĺ
STREET ADDRESS	980 NE 170 ST #112		1	T ADDRESS		•	}
CITY-ST-ZIP	NO MIAMI BEACH FL 33162		2. 4 CITY-		·	, 1	ļ
TITLE	710 HILL HOLL (2010 E	☐ DELETE	3.1 TITLE	-		Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				Į
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME			-	ļ
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY				{
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	-		-	Í
STREET ADDRESS			5.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-				ł
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME			Į.	[
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			}
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for			n Section 119.07(3)(i), Florida Statutes. I further certif	y that the	information

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legar effect as it made under oath, that it am at 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTO