

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078105 (0)

1. Corporation Name

DURGA HOTELS INC.



Principal Place of Business

Mailing Address

5401 KIRKMAN ROAD STE 525
ORLANDO FL 32819

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ORLANDO FL 32819

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 82200 O/S HWY

22 SUSET INN

23 ISLAMORADA, FL

24 33036 25 MONROE

2a. Mailing Address

26 P.O. Box 1405

27 Suite, Apt. #, etc

28 TAVERNIER, FL

29 33070. 30 MONROE

4. FEI Number

65-0612227

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

GUPTA, SURESH K
5401 KIRKMAN ROAD STE 525
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

MEHTA PRADIP. M.

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

82200 O/S HWY
SUSET INN

83

84 City

ISLAMORADA

FL

85 Zip Code

33036

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME METHA, PRADIP M
STREET ADDRESS 81990 OVERSEAS HIGHWAY STE 101
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. MEHTA

06-12-96. (305) 664-3454

CR2E034 (3/96)