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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
2200 O/S HWY. SUNSET INN ISLAMORADA FL 32819 US	P.O. BOX 1405 TAVERNIER FL 33070-1405 US

3. Date Incorporated or Qualified: 10/09/1995
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business
21: 82200 O/S HWY
22 Suite, Apt. #, etc.: SUNSET INN
23 City & State: ISLAMORADA, FL
24 Zip: 33036
25 Country: MONROE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

MEHTA, PRADIP M.
82200 O/S HWY.
SUNSET INN
ISLAMORADA FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: MEHTA PRADIP M — Pmehta — 01-07-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	METHA, PRADIP M		1.2 NAME	LATA. P. MEHTA	
STREET ADDRESS	81990 OVERSEAS HIGHWAY STE 101		1.3 STREET ADDRESS	~~P.O BOX 1405~~ 82200 O/S HWY # 127	
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP	~~TAVERNIER, FL 33070~~ ISLAMORADA FL 33036	
TITLE		☐ DELETE	2.1 TITLE	OFFICER	☐ Change ☒ Addition
NAME			2.2 NAME	ANKUR. P. MEHTA	
STREET ADDRESS			2.3 STREET ADDRESS	~~P.O. Box 1405~~ 82200 O/S HWY # 127	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	~~TAVERNIER, FL 33070~~ ISLAMORADA FL 33036	
TITLE		☐ DELETE	3.1 TITLE	OFFICER	☐ Change ☒ Addition
NAME			3.2 NAME	SEJAL. P. MEHTA	
STREET ADDRESS			3.3 STREET ADDRESS	~~P.O Box 1405~~ 82200 O/S HWY # 127	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	~~TAVERNIER, FL 33070~~ ISLAMORADA FL 33036	
TITLE		☐ DELETE	4.1 TITLE	PSD	☒ Change ☐ Addition
NAME			4.2 NAME	MEHTA, PRADIP. M	
STREET ADDRESS			4.3 STREET ADDRESS	~~P.O. Box 1405~~ 82200 O/S HWY # 127	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~~TAVERNIER, FL 33070~~ ISLAMORADA FL 33036.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pmehta — 01-07-97 (305)664-3454.