

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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000097517 (3)

1. Corporation Name

DIVYA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

124 S. MIAMI AVE., SECOND FLOOR
MIAMI FL 33130

124 S. MIAMI AVE., SECOND FLOOR
MIAMI FL 33130



3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1995

2. Principal Place of Business

2a. Mailing Address

21 563 W. Oakland Pk Blvd

26 563 W. Oakland Pk Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale

28 Ft. Lauderdale

Zip

Country

24 33311

25 Broward

Zip

Country

29 33311

30 Broward

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

COLON, JORGE A
124 S. MIAMI AVE., SECOND FLOOR
MIAMI FL 33130

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

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 **P**
NAME **D**
STREET ADDRESS **CHANDEL, ANAND**
CITY-ST-ZIP **124 S. MIAMI AVE., SECOND FLOOR**
MIAMI FL 33130

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Chandel, Anand**
1.3 STREET ADDRESS **563 W. Oakland Pk Blvd.**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE **D**
NAME **Beal, Pamela** ☒ DELETE
STREET ADDRESS **2631 S.W. 137 Terrace**
CITY-ST-ZIP **Davis, FL 33330**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Beal, Pamela**
2.3 STREET ADDRESS **2631 S.W. 137 Terrace**
2.4 CITY-ST-ZIP **Davis, FL 33330** **PLS. DELETE**

TITLE **D**
NAME **NOOPUR KULHARI** ☐ DELETE
STREET ADDRESS **8420 NW 7th St.**
CITY-ST-ZIP **PEMBROKE PINES**
FL - 33024

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **NOOPUR KULHARI**
3.3 STREET ADDRESS **8420 NW 7th St**
3.4 CITY-ST-ZIP **PEMBROKE PINES, FL - 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 an address.

SIGNATURE: **Noopur Kulhari**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 (954) - 433-9052

CR2E034 (3/96)