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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002687 (7)

U S SPARES, INC.

Principal Place of Business Mailing Address 3191 SW 11TH STREET 3191 SW 11TH STREET SUITE 300 SUITE 300 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1996 4. FEI Number Applied For 65-0635887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 □ Yes □Ño 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GULATI, VINOD GIII.ATT VINOD Street Address (P.O. Box Number is Not Acceptable) 3601 N. DIXIE HIGHWAY SUITE 18 3191 SW 11TH STREET **BOCA RATON FL 33431** City DEERFIELD 33442 BEACH 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 regulred when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE _v Change TITLE 1.1 TITLE NAME GULATI, VINO D 1.2 NAME GULATI, VINOD STREET ADDRESS 3601 N DINE HIGHWAY, BAY #18 1.3 STREET ADDRESS 3191 SW 11TH STREET, # 300 **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DEERFIELD BEACH. DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CMY-ST-ZIP CITY - ST - ZiP DELETE TITLE 5.1 TITLE Change Addition NAME 5,2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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 attack the light with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

≝lGN

254) 698 6782