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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012457 (3)

SANTOSHI IMPEX, INC.

Principal Place of Business Mailing Address					( 10 Bulget sta carry Dicta Bern, agen, agen, adder state state state attit) state span
14281 SW 74TH ST 14261 SW 74TH ST MIAMI FL 33183 MIAMI FL 33183					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					02/05/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26	26		65-0639790 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	27		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country Zrp 25 29		Counti	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
LAI	K <b>han</b> i, Narain		8	Name	
14261 SW 74TH ST			8:	Street	Address (P.O. Box Number is Not Acceptable)
	MI FL 33183		["	- GHOSE /	ridatess (1.3. Dox Humbol to Hot riccoptable)
•			8:	3	
			84	City	85 Zip Code
			•	City	FL   65   ZID COOP
SIGNATURE	Signature, typed or printed name of negistered ag	ent and tile if applicable	(NOTE: Registered A		poration's board of directors. I hereby accept the appointment as registered  required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LAKHANI, NARAIN	L. J OCCLIC	1.2 NAME		
STREET ADDRESS	14261 SW 74 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-	i	
TITLE	Will W. 11 2 00 100	DELETE		D1 24	Change Addition
NAME			22 NAMI		Steven Acherman
STREET ADDRESS			2.3 STRE	I ADDRESS	7328 SW 4851
CITY-ST-ZIP			2. 4 CITY	SI-ZIP	Steven Ackerman 7328 6W 4867 Miami', FL 33153
TITLE		DELETE			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	1 Address	
CITY-ST-ZIP			3.4. CITY	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	.	
STREET ADDRESS			4 3 STREE	t address	
CITY-ST-ZIP			4 4 CITY-	ST-ZIP	
TITLE		DELETE		]	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
I TITLE		□ DELETE	6.1 THTLE		☐ Change ☐ Addition

14. I 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.

3.2 NAME

SIGNATURE

STREET ADDRESS

st manuel

Steven M. Asherman

4/29/98

**FILED** 

May 08 1998 8:00am

Secretary of State

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