PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90038 043 ***150.00

| DOCUMENT # 1. Corporation Name | P96000016870 | |
|--------------------------------|--------------|--|
| VIHAR SALES, INC. | | |

Principal Place of Business

Mailing Address

1970 72 LAKE WORTH RD US

1970 72 LAKE WORTH RD

| - ' | | |
|-----|------|--|

| S | US | 334 01 | DO NOT WRITE IN THIS SPACE | | |
|-----------------------------|-------------------------|---------------|---|-----------------------------------|--|
| • | • | | 3. Date Incorporated or Qualifed | | |
| | | | 02/23/1996 | | |
| Principal Place of Business | 2a. Mailing Addre | 388 | 4. FEI Number | Applied For | |
| 7 | 26 | | 65-0645725 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, | etc. | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| s | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip Country | Zip | Country | 8. This corporation owes the current year | Intangible | |
| 25 | 29 | 30 | Personal Property Tax. | D N ∕es □No | |
| 9. Name and Address of C | urrent Registered Agent | | 10. Name and Address of New Register | ed Agent | |
| | | 81 Nam | e Tational Lacina | | |

HARNAL, UMESH S 1970 72 LAKE WORTH RD LAKE WORTH FL 33461

| | | IV. Name and Ad | giess of Hem Kedis |
|----|------|-----------------|--------------------|
| 11 | Name | JATINDER | KARUOR |

| 82 | Street Address (P.O. Box Number is Not Acceptable) | Ri |
|----|--|-----|
| 83 | | 100 |

| | FE 33961 |
|----|---|
| 1. | 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 registere |
| | 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. |
| | |

84 City

| SIGNATURE | Kapur + | | 3/10 | 149 | |
|----------------|------------------------|----------------------------|---------------------------------|-----------|-------------|
| | 3 | Registered Agent signature | | · / | 50 11 40 |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | D DELETE | 1.1 TITLE | D | Change | ☐ Addition |
| NAME | HARNAL, UMESH S | 1.2 NAME | 1970-79, LARR WORTH RA | | |
| STREET ADDRESS | 1970-72 LAKE WORTH RD | 1.3 STREET ADDRESS | 1970-79, WAKE WORTH ICA | | , |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | 1.4 CITY-ST-ZIP | WAKE WORTH FL-3341 | 61 | |
| TITLE | ☐ DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME | | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | Change | Addition |
| NAME | | 3.2 NAME | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | · |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | Change | Addition |
| NAME | | 4 2 NAME | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | _ Change_ | 🗔 Addition. |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | į |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 6.2 NAME | | | |
| STORET ADDRESS | | 6.3 STREET ADDRESS | ·} | | ' |

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, with all other like empowered.

6.4 CITY-ST-ZIP

85 Zip Code