

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

FILED

Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031558 (5)**

1. Corporation Name

**DHAKA WEST COAST, INC.**

Principal Place of Business

**3340 WEST MEMORIAL BLVD.  
LAKELAND FL 33801**

Mailing Address

**3340 WEST MEMORIAL BLVD.  
LAKELAND FL 33801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>9702 E MARTIN LUTHER KING</b>		25 <b>9702 E. MLK BLVD</b>		04/08/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>TAMPA FL</b>		28 <b>TAMPA, FL</b>		59-3378340	
24 <b>33610</b>		29 <b>33610</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOMES, MICHAEL A  
3340 WEST MEMORIAL BLVD.  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name **GOMES, MICHAEL A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **9702 E MARTIN LUTHER KING BLVD.**  
83  
84 City **TAMPA** FL 85 Zip Code **33610**

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 **MICHAEL A GOMES** **M. Adam Gomes** 1-13-98  
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	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>D ROBIN, KAZI</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>216 LAKE POINT DRIVE APT 220</b>	1.3 STREET ADDRESS	
	<b>FORT LAUDERDALE FL 33301</b>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D SIDDIAVE, MINTU</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>216 LAKE POINT DRIVE APT 220</b>	2.2 NAME	
	<b>FORT LAUDERDALE FL 33301</b>	2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE	<b>D KABUL, ZEFRI</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>5115 SOCRUM LOOP ROAD</b>	3.1 TITLE	
	<b>LAKELAND FL 33809</b>	3.2 NAME	
<input type="checkbox"/> DELETE	<b>D GOMES, MICHAEL A</b>	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>5115 SOCRUM LOOP ROAD</b>	3.4 CITY-ST-ZIP	
	<b>LAKELAND FL 33809</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **MICHAEL A GOMES** **M. Adam Gomes** 1-13-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0417470

CR2E034 (10/97)