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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000035592 (0)

KALKI INTERNATIONAL, INC.

Principal Place of Business Mailing Address

FILED May 07 1998 8:00am Secretary of State



8532 SOUTHWEST 107TH AVE. STE. A5 MIAMI FL 33173		8532 SOUTHWEST 107TH AVE. STE. A5 MIAMI FL 33173			A 5	DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/24/1996
 -	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	NA	26 NA				65-0662563 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State	9	City & State				Election Campaign Financing \$5.00 May Be
23		[28]				Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 81 Name						10. Name and Address of New Registered Agent
AM	IERILAWYER CHARTERED				Name	* NA
34	3 ALMERIA AVENUE			82	Street	M Address (P.O. Box Number is Not Acceptable)
CU	PRAL GABLES FL 33134					
				84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 507 050	3 and 607 1609. Elerida Stati	don the ol		named	
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 (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed hame of registered age		170 E			
12.	Signature, typed or printed harne or registered ago		13.	Age	nt signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 31	II F		Change Addition
NAME				1.2 NAME		
STREET ADDRESS 8532 SOUTHWEST 107TH AVE		E OTE AS			4DDDCCC	NA
		7E., 31C. A3	ı.	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33173 DVS DELETE		****	1.4 C(TY - ST - ZIP 2.1 T(TLE		Change Addition
				1		Criange Addition
NAME	BHAGYALAKSHMI, REDDY			2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		·
CITY-ST-ZIP	MIAMI FL 33173			2.4 CHY+ST-ZIP 3.1 TITLE		Change Addition
TITLE				3.1 HILE 3.2 NAME		☐ Change ☐ Addition ☐
NAME						
STREET ADDRESS			1		address	·
CITY-ST-ZIP				3.4. CITY-ST-2IP		
TITLE	··			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 ST	REET	aodress	
CITY-ST-ZIP	<u> </u>		4.4 CI	_	r-ZIP	
TITLE]	· · · · · · · · · · · · · · · · · · ·			5.1 TITLE		Change Addition
NAME			5.2 NA	ME	1	
STREET ADDRESS			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP			5.4 CI	Y-SI	- ZIP	
TITLE	DELETE		6.1 TIT	6.1 TITLE		Change Addition
NAME			6.2 NA	ME	İ	
STREET ADDRESS			6.3 ST	REET.	ADDRESS	.]
CITY-ST-ZIP			6.4 CI	IY-\$T	r-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:

Bhasya lakshmi

BHAGYALAKSHMI REDDY 4/26/98 (305)270-9948