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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040095 (7)

1. Corporation Name
HOLLYKINS, INC.

Principal Place of Business
782 NW 42ND AVE., #440
MIAMI FL 33126

Mailing Address
782 NW 42ND AVE., #440
MIAMI FL 33126-5549

3. Date Incorporated or Qualified: 05/09/1996
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 780 NW 42nd Ave
Suite, Apt. #, etc.
22 318
City & State
23 Miami, Fl.
Zip
24 33126
Country
25

2a. Mailing Address
26 780 NW 42nd Ave
Suite, Apt. #, etc.
27 318
City & State
28
Zip
29 33126
Country
30

9. Name and Address of Current Registered Agent
WALJI, SALIM
14700 SW 88TH ST.
MIAMI FL 33196

10. Name and Address of New Registered Agent
81 Name: RAVI VAIDYA
82 Street Address (P.O. Box Number is Not Acceptable): 780 NW LEJEUNE ROAD
83 SUITE 318
84 City: Miami FL 85 Zip Code: 33126

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] 4/29/97
Signature, typed or printed name of registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☑ DELETE	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	WALJI, SALIM		1.2 NAME	AMIN ALADIN
STREET ADDRESS	14700 SW 88TH ST.		1.3 STREET ADDRESS	14700 SW 88 TH ST.
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	Miami, FL - 33196
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARPIA, RAFIQ		2.2 NAME	
STREET ADDRESS	14700 SW 88TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOODA, AMIR		3.2 NAME	
STREET ADDRESS	14700 SW 88TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME			4.2 NAME	RAVI VAIDYA
STREET ADDRESS			4.3 STREET ADDRESS	780 NW LEJEUNE RD. # 318
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL. 33126
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do 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 [signature] 4/29/97 (305)445-[illegible]