

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90130 006 \*\*\*158.75

DOCUMENT #

1. Corporation Name P 9600004616921(4)

MIDA RESORTS II, Inc.

Principal Place of Business

5353 Conroy Rd.  
Suite 200  
Orlando, FL 32811

Mailing Address

5353 Conroy Rd.  
Suite 200  
Orlando, FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/96

4. FEI Number

59-3388927

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5353 Conroy Rd.

Suite, Apt. #, etc.

22 Suite 200

23 City & State  
Orlando, FL

24 Zip Country  
32811 USA

2a. Mailing Address

26 5353 Conroy Rd.

Suite, Apt. #, etc.

27 Suite 200

28 City & State  
Orlando, FL

29 Zip Country  
32811 USA

9. Name and Address of Current Registered Agent

Anil Valbh  
5353 Conroy Rd.  
Suite 200  
Orlando, FL 32811

10. Name and Address of New Registered Agent

81 Name

Anil Valbh

82 Street Address (P.O. Box Number is Not Acceptable)

5353 Conroy Rd.

83

Suite 200

84 City

Orlando,

FL

85 Zip Code

32811

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME Dipak Jobalia  
STREET ADDRESS 251 S. Atlantic Ave.  
CITY-ST-ZIP Ormond Beach, FL 32714

TITLE D ☐ DELETE  
NAME Anil Valbh  
STREET ADDRESS 5353 Conroy Rd. Suite 200  
CITY-ST-ZIP Orlando, FL 32811

TITLE D ☐ DELETE  
NAME Mohan J. Bhoola  
STREET ADDRESS 281 S. Atlantic Ave.  
CITY-ST-ZIP Ormond Beach, FL 32714

TITLE D ☐ DELETE  
NAME Ishwar Naran  
STREET ADDRESS 281 S. Atlantic Ave.  
CITY-ST-ZIP Ormond Beach, FL 32714

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Dipak Jobalia  
1.3 STREET ADDRESS 281 S. Atlantic Ave.  
1.4 CITY-ST-ZIP Ormond Beach, FL 32714

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Anil Valbh  
2.3 STREET ADDRESS 5353 Conroy Rd. Suite 200  
2.4 CITY-ST-ZIP Orlando, FL 32811

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Mohan J. Bhoola  
3.3 STREET ADDRESS 281 S. Atlantic Ave.  
3.4 CITY-ST-ZIP Ormond Beach, FL 32714

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Ishwar Naran  
4.3 STREET ADDRESS 281 S. Atlantic Ave.  
4.4 CITY-ST-ZIP Ormond Beach, FL 32714

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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(c)(1), 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 enclosed, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

404-841-8055

CR2E034 (11/98)