

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

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

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT #** P 9600004616921(4)  
 1. Corporation Name  
**MIDA RESORTS II, Inc.**

Principal Place of Business Mailing Address  
**5353 Conroy Rd. 5353 Conroy Rd.**  
**Suite 200 Suite 200**  
**Orlando, FL 32811 Orlando, FL 32811**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 5353 Conroy Rd.**  
 Suite, Apt. #, etc.  
**22 Suite 200**  
 City & State  
**23 Orlando, FL**  
 Zip Country  
**24 32811 25 USA**

2a. Mailing Address  
**26 5353 Conroy Rd.**  
 Suite, Apt. #, etc.  
**27 Suite 200**  
 City & State  
**28 Orlando, FL**  
 Zip Country  
**29 32811 USA 30**

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

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 *Anil Valbh* **4/14/99**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Dipak Jobalia	
STREET ADDRESS	251 S. Atlantic Ave.	
CITY-ST-ZIP	Ormond Beach, FL 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Anil Valbh	
STREET ADDRESS	5353 Conroy Rd. Suite 200	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Mohan J. Bhoola	
STREET ADDRESS	281 S. Atlantic Ave.	
CITY-ST-ZIP	Ormond Beach, 32714	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ishwar Naran	
STREET ADDRESS	281 S. Atlantic Ave.	
CITY-ST-ZIP	Ormond Beach, FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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(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 an address, with all other like empowered.

SIGNATURE: *Anil Valbh* **4/14/99** **404-464-8005**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)