COF ANNL	PROFIT RPORATION JAL REPOR 1998			FLORIDA DEP/ Sandra	B. Morti tary of Sta	n am te		b 03 1 Secreta		3 8:0	
DRAPE Principal Plac	e of Business	BY TESSIE, IN	NC.	ailing Address)						
1349 NW 161 AVE PEMBROKE PINES FL 33028				1349 NW 161 AVE PEMBROKE PINES FL 33028			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							07/03/19				· • · • • • • • • • •
134	lace of Busines	61 Ave	2a 26	. Mailing Address	San	ie.	4. FEI Number 65-0678	9380		· · · · · · · · · · · · · · · · · · ·	oplied For of Applicab
Sulte, Apt.	#, etc.	0	27	Suite, Apt. #, etc.			5. Certificate of	Status Desired		\$8.75	Additional equired
City & State			28	City & State			6. Election Cam Trust Fund C	• •		\$5.00	DO May Be ed to Fees
330	28 25	Country	29	^{Zp} Same	- Col 30	Same		ion owes or has pa perty Tax due June			angible No
	9, Name an	d Address of Curren DEOCHANDRA	t Regi	itered Agent		81 Name		ddress of New Re		gent	
	49 NW 161 A										
	MBROKE PIN						Idress (P.O. Box Numb	er is Not Accepta	ble)		
						83	ldress (P.O. Box Numb	er is Not Accepta	ble)	····	·
PE	imbroke pin	ES FL 33028	0		4 4 1	83 84 City			FL		Code
PE	TO the provision egistered agen m familiar with,	ES FL 33028	of Flori ations o	da. Such change was I, Section 607.0505, F	s authorize Florida Sta	83 84 City bove-named cc d by the corpor tutes.	Idress (P.O. Box Numb propration submits this ration's board of direct quired when reinstating)	statement for the i	FL.	changing it	s registere
PE 1. Pursuant 1 office or r agent. I a SIGNATURE 2.	to the provision egistered agen m familiar with, Signalure, typed or p	ES FL 33028 s of Sections 607.050 t, or both, in the State and accept the obliga	of Flori ations o	da. Such change was I, Section 607.0505, F It applicable (NC CTORS	s authorize lorida Sta	83 64 City bove-named cc d by the corpor tutes. d Agent signature rec	prporation submits this raiion's board of direct gured when reinstating)	statement for the i	FL purpose of pl the appo DATE CERS AND	changing it bintment as	s registered registered
PE 1. Pursuant i office or ri- agent. I a SIGNATURE 12. 11LE IAME STREET ADDRESS	MBROKE PIN to the provision egistered agen m familiar with, Signalure, typed or p PSTD BHAGWAR 1349 NW	ES FL 33028 s of Sections 607.050; t, or both, in the State and accept the obliga miled hank of registered age OFFICERS AND NDIN, DEOCHANDR	of Flori ations o nl and the D DIRE	da. Such change was f, Section 607.0505, F if applicable (NC	s authorize Florida Sta DTE Registere 13. 1.1 1 1.2 N 1.3 S	83 84 City bove-named cc d by the corpor tutes. d Agent signature rec TLE PST0	prporation submits this ration's board of direct quired when reinstating) ADDITIONS/CI	statement for the p ors. I hereby acce HANGES TO OFFIC D D D D D D	FL purpose of pl the appo DATE CERS AND	changing it bintment as DIRECTOF	s registerec registerec S IN 12
PE 1. Pursuant i office or n agent. I a SIGNATURE 2. ITLE IAME ITLE I	MBROKE PIN to the provision egistered agen m familiar with, Signalure, typed or p PSTD BHAGWAR 1349 NW	ES FL 33028 s of Sections 607.0500 t, or both, in the State and accept the obliga miled hank of registered ages OFFICERS AND NDIN, DEOCHANDR 161 AVE	of Flori ations o nl and the D DIRE	da. Such change was I, Section 607.0505, F It applicable (NC CTORS	s authorizes Florida Sta DTE Registere 13. 1.1 1.2 1.3 1.4 2.1 2.2 2.3 5	83 84 City bove-named cc d by the corpor tutes. d Agent signature rec TLE PST0	prporation submits this ration's board of direct quired when reinstating) ADDITIONS/CI	statement for the p ors. I hereby acce HANGES TO OFFIC D D D D D D	FL purpose of pl the appo DATE CERS AND	changing it bintment as DIRECTOF	s registere registered S IN 12
PE 1. Pursuant i office or r agont. I a SIGNATURE 2. IILE AME TREET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME IREET ADDRESS IREET ADDRESS	MBROKE PIN to the provision egistered agen m familiar with, Signalure, typed or p PSTD BHAGWAR 1349 NW	ES FL 33028 s of Sections 607.0500 t, or both, in the State and accept the obliga miled hank of registered ages OFFICERS AND NDIN, DEOCHANDR 161 AVE	of Flori ations o nl and the D DIRE	da, Such change was I, Section 607.0505, F I applicable (NC CTORS	5 authorizez Florida Sta DTE Registere 133 140 211 22N 23S 240 311 32N 33S	B3 B4 City bove-named cc d by the corpor tutes. d Agent signature rec d Agent signature rec tutes. d Agent signature rec d Agen	prporation submits this alion's board of direct quied when reinstating) ADDITIONS/CI	statement for the p ors. I hereby acce HANGES TO OFFIC D D D D D D	FL purpose of pl the appo DATE CERS AND	changing it bintment as DIRECTOF	s registered registered S IN 12 Addit Addit Addit
PE 1. Pursuant i office or r agent. I a SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	MBROKE PIN to the provision egistered agen m familiar with, Signalure, typed or p PSTD BHAGWAR 1349 NW	ES FL 33028 s of Sections 607.0500 t, or both, in the State and accept the obliga miled hank of registered ages OFFICERS AND NDIN, DEOCHANDR 161 AVE	of Flori ations o nl and the D DIRE	da. Such change was I, Section 607.0505, F If applicable (NC CTORS DELETE DELETE	5 authorizes Florida Sta DTE Register 13. 1.11 12.N 1.4C 2.1T 22.N 2.3S 2.4(C 3.1T 3.2N 3.3S 3.4.C 4.3T 4.2N 4.3S	B3 B4 City bove-named cc d by the corpor tules. d Agent signature rec TILE PSTD AME IREET ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	prporation submits this ration's board of direct quired when reinstating) ADDITIONS/CI	statement for the p ors. I hereby acce HANGES TO OFFIC D D D D D D	FL purpose of pt the appo DATE CERS AND ANDIN CERS AND	Changing it intment as DIRECTOF Change Change Change	s registered registered S IN 12 Additi Additi
PE 1. Pursuant i office or r agent. I a SIGNATURE 2. ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	MBROKE PIN to the provision egistered agen m familiar with, Signalure, typed or p PSTD BHAGWAR 1349 NW	ES FL 33028 s of Sections 607.0500 t, or both, in the State and accept the obliga miled hank of registered ages OFFICERS AND NDIN, DEOCHANDR 161 AVE	of Flori ations o nl and the D DIRE	da. Such change was I, Section 607.0505, F If appleable (NC CTORS DELETE DELETE DELETE	5 authorizez Florida Sta DTE Registere 13. 111 12 N 13S 14 C 21T 22 N 23 S 2.4 C 31 T 32 N 33 S 34. C 4.1 T 4.2 N 4.3 S 4.4 C 51 T 53 S	83 84 City bove-named cc d by the corpor tutes. d Agent signature rec TLE TILE AME IREET ADDRESS ITY-ST-ZIP TILE IAME IREET ADDRESS ITY-ST-ZIP TILE IAME IREET ADDRESS ITY-ST-ZIP TILE IAME IREET ADDRESS	prporation submits this ration's board of direct quired when reinstating) ADDITIONS/CI	statement for the p ors. I hereby acce HANGES TO OFFIC D D D D D D	FL purpose of pt the appo DATE CERS AND AWDIN CERS AND	changing it sintment as DIRECTOF Change Change Change	s registere registered S IN 12