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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000065515 (4)

SHREE SAI INVESTMENTS, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7726 W. HWY 192 7726 W. HWY 192 **SUITE 1707 SUITE 1707** KISSIMMEE FL 34747 KISSIMMEE FL 34747 DO NOT WRITE IN THIS SPACE ШŜ 3. Date Incorporated or Qualified 08/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3393526 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DILIP PATEL 81 7726 W. HWY 192 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1707** KISSIMMEE FL 34747 83 84 City Zip Code 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, typed or printed name of registered agent and title * applicable. DATE (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change PATEL, JAYANTI NAME 1.2 NAME 7726 W. HWY 192 STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY - SY- ZIP DELETE TITLE Change Addition 2.1 TITLE PATEL, BHAGVANGI NAME 2.2 NAME 7726 W. HWY 192 STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2. 4 CiTY - ST-ZiP DELETE TITI F 3.1 TITLE Change Addition PATEL, RAJESH NAME 3.2 NAME 7726 W. HWY 192 STREET ADORESS 3.3 STREET ADDRESS KISSIMMEE FL CiTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE __ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

City - St - Zip

JAYANTI PATELLEOUIRED, MUNICH

407-396-7045

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