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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000066819 (9)

VRAJ, INC.

Mailing Address

Principal Place of Business

FILED Apr 07 1998 8:00am Secretary of State



9127 KILGORE RD. ORLANDO FL 32836			9127 KILGORE RD. ORLANDO FL 32836											
								-			WRITE IN TH	IS SPACE		
									3. Date Incorp 08/12/1		litied			
2. Principal P	lace of Business		2a. Mailing Address						4. FEI Numbe			A	pplied For	
21			26						59-339	95301			lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						5. Certificate		ed 🔲	\$8.75	Additional	
22		27						D. Continuato (,u 🗀	Fee F	lequired		
City & State	e		City & State						6. Election Ca				May Be	
23	<u> </u>		28							Contribution			to Fees	
Zip	Cou	Zip Cour			лшу		B. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. ☐ Yes ☐ No							
24	25 Name and Add	fress of Current R	29 egistere	d Agent	30	1			Personal Pr	<u> </u>				
QL.	IAH, HARISH	NOSS OF CUITORS IN	oBistoit	nd Agoin		81	Name		10. Hamo and	Hadiobb of No	on Hogiotoit	A Pagotit		
	27 KILGORE RD.					Щ								
	RLANDO FL 32836					82	Street	et Address (P.O. Box Number is Not Acceptable)						
Or	NUMBUU FL 32030					83			 			· · · · · · · · · · · · · · · · · · ·		
						84	City				F	85 Zip	Code	
11. Pursuant t	to the provisions of S	ections 607.0502 a	nd 607.1	508. Florida Statut	tes, the a	LI bove	e-named	d corpora	ation submits th	is statement for			its registered	
office or re	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 n	ame of registered agent ar	nd litle if ap	plicable (NOT	TE Registere	d Ago	nl signature	re required w	when reinstating)		DATE			
12.		OFFICERS AND D	IRECTO		13.				ADDITIONS/	CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PSTD			DELETE	1.1 14	TLE						L Change	☐ Addition	
NAME	Shah, Harish				1.2 N	AME								
STREET ADDRESS	9127 KILGORE				1.3 \$	TAEE1	ADDRESS							
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NAME					6.2 N							V.1.190		
STREET ADDRESS					i i		ADDRESS							
14. I hereby c	certify that the informa	tion supplied with I	his filing	does not qualify for	or the exe			ed in Sec	ction 119.07(3)	i), Florida Statu	ites. I further	certify that the	e information	
indicated	on this annual report director of the corpor	or supplemental ar	nnual rei	port is true and acc	curate an	d tha	at my sig	gnature s	shall have the s	ame legal effec	as if made	under oath; th	iat Lam an	
	or Block 13 if change				evacate (u IIS I	oport #8	a reduite	O Dy Chapter o	oz, monua olai	iuios, drio Ini	at my name a;	γρασιο (()	