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FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000069558 (0)

1. Corporation Name  
RESHMISU INC.



Principal Place of Business  
22304 CALIBRE CT APT 1308  
BOCA RATON FL 33433

Mailing Address  
22304 CALIBRE CT APT 1308  
BOCA RATON FL 33433-5507

3. Date Incorporated or Qualified 08/21/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11395 D

26 11395 D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 West Palmetto Park Road

27 West Palmetto Park Road

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33428

25 ~~Palmetto~~ U.S.A.

29 33428

30 U.S.A.

4. FEI Number 65 06 88312  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOHINI, SUKETU D  
22304 CALIBRE CT APT 1308  
BOCA RATON FL 33433

81 Name MOHINI, SUKETU, D  
82 Street Address (P.O. Box Number is Not Acceptable) 11395 D West Palmetto Park Road  
83  
84 City Boca Raton FL 85 Zip Code 33428

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 *Suketu D. Mohini* Suketu D. Mohini 4/30/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MOHINI, SUKETU D  
STREET ADDRESS 22304 CALIBRE CT APT 1308  
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE D, P, T  Change  Addition  
1.2 NAME MOHINI, SUKETU, D.  
1.3 STREET ADDRESS 11395 D WEST PALMETTO PARK ROAD  
1.4 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE D  DELETE  
NAME MOHINI, MINAXI K  
STREET ADDRESS 22304 CALIBRE CT APT 1308  
CITY-ST-ZIP BOCA RATON FL 33433

2.1 TITLE D, VP, S  Change  Addition  
2.2 NAME MOHINI, MINAXI, K  
2.3 STREET ADDRESS 11395 D WEST PALMETTO PARK ROAD  
2.4 CITY-ST-ZIP BOCA RATON, FL 33428

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Suketu D. Mohini* Suketu D. Mohini 4/30/97 (56) 852-9348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)