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

PROFIT '
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 23 1997 8:00am

Secretary of State

96/6)

CR2E034

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000089148 (6)

STONESCAPE (USA), INC.

SIGNATURE:

Mailing Address Principal Place of Business 2842 GLEN HOLLOW DRIVE 2842 GLEN HOLLOW DRIVE CLEARWATER FL 34821-3310 CLEARWATER FL 34621 3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1996 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address 59-3413959 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 5. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Ζip Country This corporation has liability for intangible tax under s. 199.032, Country Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent PATHAK, JAYSHREE 2842 GLEN HOLLOW DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34621** 83 84 Zip Code City 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 vitip, and accept the obligations of, Section 607.0505, Florida Statutes. JAYSHREER PATHAK. V.P. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition Change □ DELETE 1.1 TITLE TITLE PATHAK, JAYSHREE 12 NAME NAME 2842 GLEN HOLLOW DRIVE 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34621** 1.4 CITY - ST - 2IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE HARESH TRIVEDI 22 NAME NAME 2842 CLON HOLLOW BRIVE 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER, FL. 34621 2.4 CITY-ST-ZIP CHY-S1-26 Addition DELETE TIFLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Dity-St-ZIP ☐ Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 100 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZH Addition Change DELETE 6.1 TITLE TITLE 62 NAME MAME **6.3 STREET ADDRESS** STREET ADORESS 64 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.

JAYSHREE R.PATHAK