FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 OCT 16 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092290

1. Corporation Name

ORLANDO VACATION HOMES, INC.

Principal Place of Business / Mailing Address
255-Hidden-Springs-Circle
Kissimmee, FL 32474

2. Principal Place of Business 21	2a. Mailing Address 26: P.O. Box 747
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28: Loughman, FL
Zip 24 / Country 25	Zip 29: 33858 / Country 30: USA

3. Date Incorporated or Qualified: 11/12/96
3a. Date of Last Report:
4. FEI Number: 59-3417140 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.
1500 Miami Center
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Bhaskar M. Patel
82 Street Address (P.O. Box Number is Not Acceptable): 7807 Turkey Oak Lane
83
84 City: Kissimmee FL 85 Zip Code: 34747

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 required and typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patel, Suku 71 Cherry Court, Acorn Walk London, England	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patel, Parimal K, 71 Cherry Court, Acorn Walk London, England, S-E-16-1ET	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patel, Bhaskar M. 255 Hidden Springs Circle Kissimmee, FL 32474	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ DELETE ☒ Change ☐ Addition D/P Patel, Bhaskar M. 7807 Turkey Oak Lane Kissimmee, FL 34747
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition

400002325024--0
-10/20/97--01176--012
*****58.75 *****58.75

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 added on an attachment with an address.

SIGNATURE: _____ Bhaskar M. Patel, President
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date)