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May 06 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 # P96000093262 (9)

1. Corporation Name
ASHANKHA, INC.

Principal Place of Business

**2315 N.W. 107TH AVE
SUITE 1M57 BOX 25
MIAMI FL 33172**

Mailing Address

**2315 N.W. 107TH AVE
SUITE 1M57 BOX 25
MIAMI FL 33172-2164**



3. Date Incorporated or Qualified
11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

4. FEI Number
59-3422049

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

**SCHIFF, JAMES M
9130 SOUTH DADELAND BLVD
SUITE 1609
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** 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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **D** ☐ **DELETE**
NAME **KITCHLOO, ASHOK**
STREET ADDRESS **2315 N.W. 107TH AVE SUITE 1M57 BOX 25**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ **Change** ☐ **Addition**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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:

ASHOK KITCHLOO
(ASHOK KITCHLOO)

3.17.97 3054779394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)