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

**PROFIT COFPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherin ≥ Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000102745 (2)

1. Corporation Name

MIDA RESORTS I, Inc.

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90130 009 \*\*\*158.75

Principal Place of Business	Mailing Address		-		
,					
353 Conroy Rd.					
Suite 200		DO NOT WRITE IN THIS SPACE			
Orlando, FL 32811			3. Date Incorporated or Qualifed		
	1		12/20/96		<del></del>
2. Principal Place of Business	2a. Mailing Address   2a  5353 Conroy Re	1.	4. FEI Number 59-3415377		ied For
21  5353 Conroy Rd	Suite, Apt. #, etc.				Applicable
C. 4 t. 200	200		5. Certifcate of Status Desired 🐰	<b>\$8.75</b> Ad Fee Req	
City & State	City & State		& Election Compaign Financing	<del></del>	
ادی Orlando, FL	28 Orlando, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	-
Zip Country	Zip C	ountry	8. This corporation owes the current y		
32811 USA	32811 [30]	USA	Personal Property Tax.		∃No
9. Name and Address of Current F	4 <del>-                                   </del>		10. Name and Address of New Regis	tered Agent	
		81 Name	il Valbh		
And 1 Valbb					
Anil Valbh		53	ess (P.O. Box Number is Not Acceptable)		
5353 Conroy Rd.		83	te 200		
i i i i i i i i i i i i i i i i i i i		84 City		85 Zig Co	
Orlando, FL 32811		Orla	indo, FL	FL. 85 Zio Co	îĭ
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named corp	oration submits this statement for the purp	ose of changing its re	eç istered
office or legistered agent, or both, in the State of agent. I am familiar with, and accept the obligatio	r s of, Section 607.0505, Florida St	autes.			Sieled
SIGNATURE	1/	MW/ 019	4	114199	
Signature, typed or printed name of registered agent a	/	ed Agent signal re require		ATE	
12. O=FICERS AND			ADDITIONS/CHANGES TO OFFICE		
TITLE D	ii		t	[X: Change	Addition
NAME Dipak Jobalia	il "		ipak Jobalia		
city-st-zip 07mond Beach, F1 32	7.1.	1	l S. Atlantic Ave.		
			nond Beach, FL 32714	₹ Change	Addition
Dischara	N	TILTE D	1 D1 1	(X) Change	
NAME Mohan Bhoola	1		ohan Bhoola		i
STREET ADDRESS 281 S. Atlantic Ave.	JJ		81 S. Atlantic Ave.		ļ
Ormond Beach, FL 327	^- <sup>-</sup>	T.T. C	rmond Beach, FL 32714	X, Change	Addition
TITLE D	_    '	D D		X, onlinge	
NAME Ishwar Naran	ll l		shwar Naran		
STREET ADDRESS 281 S. Atlantic Ave.	1	1 20	81 S. Atlantic Ave.		ļ
TITLE Drmond Beach, FL 327	\ <del>~~~~~</del>	TITLE	rmond_Beach,_FL_32714_	X Change	Addition
D .		D D		A, similar	
Anili valdu	<b>i</b> i	AI	nil Valbh	<b>10</b>	
1 1999 Courton Mar Sarre	e 200 (( "	J.2	353 Conroy Rd. Suite 20	ייט	1
Orlando, FL 32811 —		TITLE U	lando, F1 32811	Change	Addition
NAME	·	NAME		_ 0	_
STREET ADDRESS	5.3	STREET ADDRESS			(
CITY-ST-ZIP	lí l	CITY-ST-ZIP			
TITLE		TITLE	<del></del>	☐ Change	Addition
NAME				-	
	H	NAME			}
STREET ADDRESS	62	NAME STREET ADDRESS			

14. I hereby certify that the informatic n supplied with his 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 occurate and that my signature shall have the same legal effect as if made uncer oath; that I a n an officer or director of the corporation or the receiver or trustee empowered to execute this eport 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 with all other land of the corporation of the corporation or the receiver or trustee empowered to execute this eport 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 with all other land of the corporation of the corporation

SIGNATURE:

SIGNATUFE AND TYPED OR PFINTED NAME

424 841 8855