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

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 17, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 1999 05-17-1999 90047 010 ***150.00 DOCUMENT # INTERNATIONAL GOODS CO. SINGH G.T. Road Enter prise Mailing Address Principal Place of Business N.W: 37 AVE, DO NOT WRITE IN THIS SPACE MIAMI _, FL, 33125_ 2. Principal Place of Business 2a. Mailing Address Applied For SAME AS ABOVE Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible П№ 29 Personal Property Tax. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SUJAN SINGH CHHABRA 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. PRESIDENT ☐ Addition 1.1 TITLE TITLE ARVIND SINGH NAME 1.2 NAME 107435 JW 130 AW, MIAMI, FT STREET ADDRESS 1.3 STREET ADDRESS 1,4 CITY-ST-ZIP CITY-ST-ZIR Addition TAJBETER KAUR CHHARERA ☐ Change 2.1 TITLE 2.2 NAME 10435 SW 130 Am 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DIRECTOR DELETE
SUJAN SINGH CHHABRA Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS MIAMIFI 33187 10435 DW 130AW DELETE 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition 4.1 TITLE ☐ Change TITLE 4 2 NAME MIAMI, PC 33187 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition □ DELETE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. I 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 are on an attachment with an address, with all other like empowered.

SIGNATURE:

AGNITY RE AND THE STATE OF SIGNING OFFICER OR DIRECTOR

1/30/99 (305)649-382.

CR2E034 (11/98)