## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE May 24, 1999 8:00 am CORPORATION Katherine Harris Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-24-1999 90025 013 \*\*\*150.00 DOCUMENT # PATEL TNVEST MENT INC Corporation Name Principal Place of Business Mailing Address 109. S. University Quick corner = 3 109. S. University DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Archer FL: 32608 POBRES 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 109. S university 109. SOUTA Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired South universit 109. Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 - AYCHER Trust Eund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KAD & ASSOCIATES INC. Street Address (P.O. Box Number is Not Acceptable) M414-2 STATE ROAD. BAYNET POINT FZ: 34164 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) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Presidem DELETE ☐ Change 1.1 TITLE PATEL VINAY D. 6414 S.W 815+ TERK. GAINSDEUE FZ 32608. 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Secretary avic-Propelete ☐ Change ☐ Addition 2.1 TITLE 2.2 NAME ATEL VINAY D 6414 S.W 81ST TERR CRINSVILLE FE 32601 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Addition Change Change 4.1 TITLE 4.2 NAME NAME -4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 provered 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 a province shall other like empowered.

SIGNATURE:

12.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR