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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000023177**1. Corporation Name

OHMKARESHWAR, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90075 030 ***150.00



				<u> </u>		
Principal Place	e of Business	Mailing Address				
-	R RIDGE CIR. APT. #206	1963 S ALAFAYA TR				
1963 S ALAFAYA TR		ORLANDO FL 32828 US		DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32929 US US				3. Date Incorporated or Qualifed		
				03/14/1997		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
	3 S.ALAFAYATR.		AFAYAT	R 59-3456099	N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75	Additional
2 # 2		27 井 2 15		5. Certifcate of Status Desired	Fee R	Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
ORI	LANDO, FL	28 ORLANDO,		Trust Fund Contribution	Added	to Fees
Zip	Country		Country	8. This corporation owes the current year Intar		
4 328		29 32828 30	ORANGE		Yes	□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	gent	
NONFOLL M MOTHADI						Ì
JIGNESH, M KOTHARI 1963 S ALAFAYA TR ORLANDO FL 32828			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
			83			
					er Zin	Code
			84 City	<u>FL</u>		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author ons of, Section 607.0505, Florida S	Statutes.	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	ment as r	egistered
	Signature, typed or printed name of registered agent a		stered Agent signature requi		NIDECT	ODC (N. 42
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	PST	·	1.1 TITLE		onango]
NAME	KOTHARI, JIGNESH		1 2 NAME			
STREET ADDRESS	1963 S ALAFAYA TR		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-ST-ZIP 2.1 TITLE		[] Change	Addition
TITLE		_				
NAME			2.2 NAME			1
STREET ADDRESS			2.3 STREET ADDRESS	,		- 1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE			3.2 NAME			_
NAME			3.3 STREET ADDRESS			
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CITY-ST-ZIP			3.4. CITY-ST-ZIP		[] Change	Addition
TITLE		- -	4. 2 NAME		~ *	_ {
NAME			4.3 STREET ADDRESS			}
STREET ADDRESS		1	4.4 CITY-ST-ZIP			1
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		Change	Addition
TITLE			5.2 NAME			_
NAME			5.3 STREET ADDRESS			l
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP	<u> </u>		6.1 TITLE		Change	Addition
TITLE			6 2 NAME	•	_	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	j		0.7 OH 173174IF			_

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: