SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057152

1. Corporation Name
ENI INTERNATIONAL, INC

Principal Place of Business / Mailing Address
335 PHILLIPPIE PARKWAY
SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JUNE 27, 1997

2. Principal Place of Business
21 335 PHILLIPPIE PKY
Suite, Apt. #, etc. 22
City & State: SAFETY HARBOR, FL
24 Zip: 34695 25 Country: PINELLAS

2a. Mailing Address
26 335 PHILLIPPIE PKY
Suite, Apt. #, etc. 27
City & State: SAFETY HARBOR, FL
29 Zip: 34695 30 Country: PINELLAS

4. FEI Number: 59-3453548 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
MOHAMMAD REZA ARFIN
335 PHILLIPPIE PKY
SAFETY HARBOR, FL 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHOWDHURY FAZLE ALI		1.2 NAME	
STREET ADDRESS	335 PHILLIPPIE PKY		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOHAMMAD REZA ARFIN		2.2 NAME	
STREET ADDRESS	335 PHILLIPPIE PKY		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SYED ABU TAYEB		3.2 NAME	
STREET ADDRESS	335 PHILLIPPE PKY		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	600002625846
STREET ADDRESS			5.3 STREET ADDRESS	-08/27/98--01001--025
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***62.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

PL 8.26

CR2E034 (5/98)

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.

SIGNATURE: MOHAMMAD REZA ARFIN (PRESIDENT) 8/15/98 727-781-6757