

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

FILED
Apr 08 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000059644 (9)

1. Corporation Name

SAVEE-SPOT INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415 | Mailing Address 4524 GUN CLUB ROAD #102 WEST PALM BEACH FL 33415 |
|--|--|

3. Date Incorporated or Qualified

07/11/1997

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

4. FEI Number

65-0767096

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

10. Name and Address of New Registered Agent

AJINKYA, ARVIND
4524 GUN CLUB ROAD #102
WEST PALM BEACH FL 33415

81 Name *Jemara Accounting Services Inc*
82 Street Address (P.O. Box Number is Not Acceptable)
2308 N US 1 Ste 16
83
84 City *FT Pierce* FL 85 Zip Code *34956*

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

John M. 13

4/2/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGH, SAROJ | 1.2 NAME | |
| STREET ADDRESS | 4524 GUN CLUB ROAD #102 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAH, VIJAY | 2.2 NAME | |
| STREET ADDRESS | 4524 GUN CLUB ROAD #102 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | O'SULLIVAN, MAUREN | 3.2 NAME | |
| STREET ADDRESS | 4524 GUN CLUB ROAD #102 | 3.3 STREET ADDRESS | <i>5054 BALWANT</i> |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | 3.4 CITY-ST-ZIP | <i>4524 Gun Club Rd #102</i> |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AGRAWAL, SANJAY | 4.2 NAME | |
| STREET ADDRESS | 4524 GUN CLUB ROAD #102 | 4.3 STREET ADDRESS | <i>MONA PHERE</i> |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | 4.4 CITY-ST-ZIP | <i>4524 Gun Club Rd #102</i> |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | |
|--------------------|---------------------------------|
| 3.5 STREET ADDRESS | <i>WEST PALM BEACH FL 33415</i> |
| 3.6 CITY-ST-ZIP | |
| 4.5 STREET ADDRESS | <i>WEST PALM BEACH FL 33415</i> |
| 4.6 CITY-ST-ZIP | |
| 5.5 STREET ADDRESS | |
| 5.6 CITY-ST-ZIP | |
| 6.5 STREET ADDRESS | |
| 6.6 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, or on an attachment with an address.

SIGNATURE:

John M. 13

4/2/98 321-461-8070

CR2E034 (10/97)