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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000062630 (3)

RADHA INVESTMENTS INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				i fedilett ine isent neber tarit atett dette diefe giris bleis blide tien etni fatt	
7850 BARDMOOR HILL CIRCLE 7850 BARDMOOR HILL CIRCLE					
ORLANDO F	L 32635	ORLANDO FL 32835			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/18/1997
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3456764 Not Applicab
Suite, Apl.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23	Country	28	Cour		Trust Fund Contribution Added to Fees
Zip	Country	Zip		шу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Cu	29 rrent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DA	ATEL, SHARMENDRA J			91 Name	
	50 BARDMOOR HILL CIRCLE	•	Ļ		ret Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32835			\\ \ [\]	Street	et Address (P.O. Box Number is Not Acceptable)
	NO-INDO PE 32033		ļ.	B3	
			ļ.	<u> </u>	
			1	B4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the ab	ove-name	ed corporation submits this statement for the purpose of changing its registere
office or r agent. La	registered agent, or both, in the \$ im familiar with, and accept the c	State of Florida. Such change was a obligations of, Section 607,0505, Flo	authorized orida Statu	by the cor ites.	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	1000	,			214-98
SIGNATURE			F Registered	Agent signatur	ature required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	[] OFLETE	1.1 TH	.E	Change Addition
NAME	PHTEL DHARM 7850 BARDIMA	ENJIKHU	1 2 NA		
STREET ADDRESS				EE1 ADDRESS	\$\$
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP	T Change T Address
TITLE		[_] DELETE	2.1 7(1)		☐ Change ☐ Addition
NAME			2.2 NA)		
STREET ADDRESS				EET ADDRESS	SS
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TITLE NAME			3.2 NAM		Change E Abbin
STREET ADDRESS				EET ADDRESS	ec
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	4.1 TITL		Change Addition
NAME		<u> </u>	4, 2 NA		
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TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 1/1		Change Addilli
NAME			6.2 NAM	AE.	
STREET ADDRESS			6.3 STR	EET ADDRESS	ss
CITY-ST-ZIP			6.4 CiTY	·ST-ZIP	

14. Thereby 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 trusted 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.

407-491-3258