


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

FILED
May 11 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 # P97000074585 (5) 1. Corporation Name SNEHA CORP.		



Principal Place of Business 1411 COMMERCE WAY SUITE 310 MIAMI LAKES FL 33016	Mailing Address 1411 COMMERCE WAY SUITE 310 MIAMI LAKES FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 N.E. 2ND STREET Suite, Apt. #, etc. 22 207 City & State 23 FT. LAUDERDALE, FL Zip 24 33301 Country 25 USA		2a. Mailing Address 26 33 N.E. 2ND STREET Suite, Apt. #, etc. 27 207 City & State 28 FT. LAUDERDALE, FL Zip 29 33301 Country 30 USA		3. Date Incorporated or Qualified 08/27/1997	4. FEI Number 65-0776537 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent STEFANELLI, MICHELE 1411 COMMERCE WAY SUITE 310 MIAMI LAKES FL 33016		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFANELLI, MICHELE	1.2 NAME	SALIM DHANANI
STREET ADDRESS	1411 COMMERCE WAY SUITE 310	1.3 STREET ADDRESS	3900 S.W. 116 AVE.
CITY-ST-ZIP	MIAMI LAKES FL 33016	1.4 CITY-ST-ZIP	DAVIE, FL 33330
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	NASRAIN DHANANI
STREET ADDRESS		2.3 STREET ADDRESS	3900 S.W. 116 AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DAVIE, FL 33330
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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 *S. Dhanani* *(President)* *213019* *954-764-5246*

CR2E034 (10/97)