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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108115 (1)

FILED Apr 23 1998 8:00am Secretary of State

HARIDATT, INC. Principal Place of Business Mailing Address 4036 B. SOUTH NOVA ROAD 4036 B. SOUTH NOVA ROAD PORT ORANGE FL 32127 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 26 59-3484681 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State Cily & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible ... Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PANDYA, KAUSHIK 4036 B. SOUTH NOVA ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PORT ORANGE FL 32127** 83 84 City 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE 13 P/S/T/D NAME 1.2 NAME PANDYA, KAUSHIK STREET ADDRESS 1.3 STREET ADDRESS 4036 B.SOUTH NOVA ROAD CITY-ST-ZIP 1.4 CITY - ST - ZIP PORT ORANGE, FL 32127 Change DELETE 21 THLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - \$1 - 7IP Change DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST - ZIP DELFTE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-S1-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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: KAUSHIK K. PANDYA

KKIMAN 4-16-98 944-767-7766

KKlandye