04221999-90080-044-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 22, 1999 8:00 am Secretary of State

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	1999 DIVISION OF CORPORATIONS					[01-2	22-1777	,0000	<i>J</i> 1 1	150.00	
1. Corporatio	n Name	3000000	686 Vak										
POONA	M, INO												;
Principal Plac	e of Business	Mailin	g Address				i iğlində	IIM HATAT KRITA I	IONIT 4\$111 OCKIT	Abin Bari B	NTS BYR	IBIED DAN IOOI	•
7400 CANADA	AVE.			1									
ORLANDO FL		DO NOT WRITE IN THIS SPA					CE						
}						3.	Date Incorpo	rated or Qu	alifed				•
							01/05/199	8					
2. Principal Place of Business 2a. Malling Address						4.	FEI Number	21/0	9210)		olled For	
21 26 500 001 # 550							<u> </u>	390	7010			Applicable	•
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5.	Certificate of	Status Desi	red 🗆	Ψ.	Fee Re		
City & Stat	=		-7 a	Election Can	paign Finar	nching=			May Bo				
23 28 Zip Country Zip						 -	Trust Fund C				Added to	o Fees	:
Zip 24	Country	Country 0	у		This corporat Personal Pro		e cument ye	ar insangis []\		□No }	í		
24)	9. Name and Address	<u>v</u>			Name and A		New Registr	ered Ager	ıt		ļ		
				81	1	DONI	KALL	DAS					
CORPORATION SERVICE COMPANY					2 Street Add	dress (P.	O. Box Numb	er is Not A	cceptable)	. 1 4 40			
1201 HAYS STREET TALLAHASSEE FL 32301-2525						400	CAN	AD#	HUGN	<u>iue</u>			
IAL	DATAGOLL IL SESUITE	020		8:	`								
				84	4 City	00 11	AN DO			FL 85	Zip C	279	•,
11. Pursuant	to the provisions of Sectio	ns 607,0502 and 607.	1508, Florida Statutes	, the abov	ve-named cor	poration	submits this	statement fo	or the purpos	se of chan			•
office or a	to the provisions of Sections	n the State of Florida. : t-the obligations of, Se	Such change was auti ction 607.0505, Florid	horized by la Statute	y the corporat s.	tion's boa	ard of director	s. I hereby	accept the a	appointme:	nt as reg	listered	,
SIGNATURE		VINOS	CACIDAS	42	EXID G	N/			4	15/9	9_		į
12.	Signature, typed or primad name of	registered agent and title if app FICERS AND DIRECT		agistered Age	ant signature requi		DDITIONS/C	HANGES T	O OFFICER	S AND DI	RECTO	RS IN 12	CR2E034.(11/98)
TITLE	PRESIDENT.	FICERS AND DIRECT	DELETE	1.1 TITLE							Change	Addition	Ξ
NAME	VINED KALIDAS		1.2 NAME								ļ	ষ্ঠ	
STREET ADDRESS GILL YNID PINES G			1.3 STREET ADDRESS								- 1	Щ	
CHY-ST-20 ORCANDO FL 32819			1.4 CITY-ST-ZIP							Change	Addition	8	
TITLE	- 1 36 t/ec 111 v			21 TILE						٠٠.	A 181 Pe		Ϊ.
DINESH K KAUDAS				22 NAME	ET ADDRESS							ŀ	
STREET ADDRESS 7034 HOD (20A) CINCUE CITY-ST-ZP WINDERMONE FC 34786			2.4 CITY-	_							ì		
TITLE	1571 25 PA	-C 11/5 1 5-	DELETE	31 TILE:						· · · · · · · · · · · · · · · · · · ·	hange -		
NAME	TICE PRESIDENT DORETE		32 NAME	32 NAME									
_STREET ADDRESS	550 -7034-HORIZEN-UILCUG		33 STREET ADORESS									- 	
CITY-ST-ZIP	WINDERMG	re fl 3	34786	3.4. CTY-							Change	[7] Addition	ļ
TITLE	TREASURER		(DELETE	4.1 TITLE						٠			:
NAME	KIRTI KALIDAS SS 7095 HODIZON CIRCLE 43 STREET ADDRESS WINDERMETCE FL 34786 44 CITY-ST-ZP										1	i	
STREET ADDRESS CITY-ST-ZIP	WINDOW	ON CITCHE	34786	4.3 STREET ADDRESS							_		;
TITLE	100000000000000000000000000000000000000		DELETE .	5.1 TITLE							Change	Addition	j
NAME				52 NAME								- 1	
STREET ADDRESS				5.3 STREET ADDRESS			•					:	
CITY-ST-ZIP		<u> </u>		5.4 CITY-1							Change	Addition	'.
TILE			DELETE	6.1 TITLE 6.2 NAME						יט	N KER NA		'
NAME OTREET ADDRESS	.[ET ADDRESS							İ	
STREET ADDRESS	Ϊ			6.4 CiTY-1	1								
CITY-ST-ZIP	1			-		Capilan	440 07(3\6)	Clarida Clab	stee I fresho	- continue	at the la	formation	

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 informatic 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 cath; 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, with all other tike empowered.

IGNATURE:

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