09231999-90012-017-$550.00-$550.00 * 09231999-90012-018-$8.75-$8.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -5 PM 12:25

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DOCUMENT #
1. Corporation Name C S K INVESTMENTS, INC

P98000066946

Principal Place of Business	Mailing Address
333 S.E. 1st AVE U.S. #1 FLORIDA CITY, FL 33034	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JULY 30th 1998

2. Principal Place of Business	2a. Mailing Address
21 409 S.E. 1st AVE	26 409 S.E. 1st AVE
Suite, Apt. #, etc 22 U.S. HWY 1	Suite, Apt. #, etc. 27 U.S. HWY #1
City & State 23 FLORIDA CITY, FL	City & State 28 FLORIDA CITY, FL
Zip / Country 24 33034 25 U.S.A	Zip / Country 29 33034 30 U.S.A

4. FEI Number: 65-0853781 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PREMSARAN. A. PATEL 409 S.E. 1st AVE, U.S. HWY #1, FLORIDA CITY, FL 33034	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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: PREMSARAN. A. PATEL — 9/15/99
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	CORPORATION	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MIMASA LIMITED		1.2 NAME	
STREET ADDRESS	P.O. BOX 98237		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAIROBI, KENYA, E.AFRICA		1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SARANJOKH. A. PATEL		2.2 NAME	
STREET ADDRESS	409 S.E. 1st AVE, U.S. HWY #1		2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY, FL 33034		2.4 CITY-ST-ZIP	
TITLE	MANAGER	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PREMSARAN A PATEL		3.2 NAME	
STREET ADDRESS	409 SE 1st AVE, US #1		3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY, FL 33034		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E023A (11/98)

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, with all other like empowered.

SIGNATURE: PREMSARAN. A. PATEL — 9/15/99 — 305 248 4009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #