Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90084 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00433

PURI & NANGIA ASSOCIATES, INC.					
FUNICAL	MANGIA ASSOCIATES, INC.			4 10011010 151 CO112 CO111 DIOGO 16100 SIIS SERI	I BIBII BIBII BIBII BIBII DIBII JOBI
Principal Place	of Business	Mailing Address			4 DIDIH B3011 DIB31 DIDIH 03031 1801
276 ALHAMBRA CIR 276 ALHAMBRA CIR					
CORAL GABLES FL 33134-5104 CORAL GABLES FL 33134-5104			104		
				DO NOT WRITE IN TH	IS SPACE
l				3. Date Incorporated or Qualifed 09/18/1990	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0215924	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	1:		Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10. Name and Address of New Registere	d Agent
BIABI	CIA DOO IA		81 Name /3	ASANT K. NANGI	A
NANGIA, POOJA 82 Street Addre				ess (P.O. Box Number is Not Acceptable)	
276 ALHAMBRA CIRCLE CORAL GABLES FL 33134				ALHAMBIRA CIRCL	<u> </u>
COR	AL GADLES PL 33134		83	·	
			84 City /	2	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo				RAI GABLES F	L 133134
11. Pursuant office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named corp thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
agent. I ai	m familiar with, and accept the obligat	(1)	10-10-	1 7 3.90	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NANGIA, POOJA		1.2 NAME		, •
STREET ADDRESS	276 ALHAMBRA CIR		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134-510-	\$	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	41 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		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS