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

**FILED** Apr 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name S18859 (6) **BOMBAY CORPORATION OF FLORIDA** Principal Place of Business Mailing Address 1100 BISCAYNE BOULEVARD 1100 BISCAYNE BOULEVARD MIAMI FL 33132-2714 MIAMI FL 33132-2714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 11/21/1990</u> 2. Principal Place of Business 24. Mailing Address Applied For 21 59-2828155 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaion Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SMITH, LINDA M., ESQ. 11900 BISCAYHNE BLVD., SUITE 200 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI FL 33181** 83 84 City 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** Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1 1 TITLE ZAHEER, SIDDIQI 1.2 NAME NAME **7175 NOVA DR** STREET ADDRESS 1.3 STREET ADDRESS DAVE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE SIDDIQI, SHAHLA 2 2 NAME NAME 7175 N OVA DR 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

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.

5.2 NAME

6.1 TITLE

62 NAME

DELETE

5 3 STREET ADDRESS 5.4 CITY - ST - ZIP

63 STREET ADDRESS

**SIGNATURE:** 

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

80.21.4

305-377-1862

Change

Addition