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

CITY-\$T-ZIP

SIGNATURE:

FILED **PROFIT** Mar 14 1997 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # \$32431 (6)INDIA IMPORTS, INC. Principal Place of Business Mailing Address 2830 N. FORSYTH ROAD 3157 CURRY WOODS CIR ORLANDO FL 32822-7884 **SUITE 456** WINTER PARK FL 32792 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1991 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3050207 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutos Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NAYYAR, VIJAY KUMAR 3157 CURRY WOODS CIR Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32822 83 Zip Code 84 City Fl 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 pile if apparable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DUETE 11 TITLE Change \_\_\_ Addition NAYYAR, VIJAY KUMAR NAME 1.2 NAME 3157 CURRY WOODS CIR STREET ADDRESS 1.3 STREET AMORESS ORLANDO FL CITY-ST-7IP 1.4 CITY - \$1 - ZIP DETETE Change STD Addition TITLE 2.1 11116 NAYYAR, VIJAY LUXAMI NAME 2.2 NAME 3157 CURRY WOODS CIR STREET ADDRESS 2.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 CITY - ST- ZIP ☐ DELETE Change Add-tion TITLE 3.1 HILL 3.2 NAME STREET ADDRESS 3.3 STRLET ADDRESS 3.4 CITY - ST - 7/P CITY-ST-ZIP DELETE Addition TITLE 4.1 TOLE NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZU DELETE Change Addition 5.13000 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-7/P CITY-ST-ZIP DELETE Change Addition 6.13011 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 abnual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conjunctation 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 12 of chapted, or of an attachment with an address.

0 914197 VOZ- 425-5200