**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY 11 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S68867 (8)

1. Corporate Name
CHETMINAL, INC.

Principal Place of Business
13190 STATE ROAD 84
DAVIE FL 33325

Mailing Address
13190 STATE ROAD 84
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 05/01/1994

2. The Corporate Address
21
Suite, Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
29 30

4. FEI Number: 65-0274826 — 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. The corporation has capital for unpaids tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, ASHOKKAMUR
13190 STATE ROAD 84
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPV |
| NAME | PATEL, ASHOKKAMUR |
| STREET ADDRESS | 13190 STATE ROAD 84 |
| CITY, ST, ZIP | DAVIE FL |
| TITLE | ST |
| NAME | PATEL, ASHOKKAMUR |
| STREET ADDRESS | 13190 STATE ROAD 84 |
| CITY, ST, ZIP | DAVIE FL |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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 a director or officer 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 is the authorized agent.

SIGNATURE: A.D. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASHOKKUMAR PATEL 4/26/95
DATE

0234117 CP