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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S74578

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address.

ICMATHDE:\/

(3)

VISHAL AND HARSH, INC. Mailing Address Principal Place of Business 90611 OLD HIGHWAY 90611 OLD HIGHWAY TAVERNIER FL \$3070 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1991 2. Principal Place of Business 2a. Mailing Address Applied For 65-0281917 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Z_{1D} Zip Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS INC. 3732 N.W. 16TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33311 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Chance 1.1 TRUE TITLE PATEL, JAYESH G. 1.2 NAME NAME 90611 OVERSEAS HWY. 1.3 STREET ADDRESS STREET ADDRESS **TAVERNIER FL** 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE PATEL, HEUM J. 2.2 NAME NAME 90611 OVERSEAS HWY. 2.3 STREET ADDRESS STREET ADDRESS TAVERNIER FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 JITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE. 6.2 AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIF

y 4/28/18 x 305852435

omption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 06 1998 8:00am

Secretary of State