FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # S87811 (3)

ENTERPRISE MANAGEMENT ASSOCIATES, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1875 SW 4TH AVE C-2 DELRAY BCH FL 33444 US	1875 SW 4TH AVE C-2 DELRAY BCH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Applied): 10/14/1991

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0290517 — Applied For / Not Applicable

Suite, Apt. # etc. — 22 / Suite, Apt. # etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23 / City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / County — 25 / Zip — 29 / County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATHAK, NIRANJAN 9431 BLOOMFIELD DR. PALM BEACH GARDENS FL 33410	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 607.0505 and 607.1008, 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	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME SHAH, HITESH STREET ADDRESS 1875 SW 4TH AVE CITY, ST DELRAY BCH FL	☐ Change ☐ Addition
TITLE D NAME PATHAK, NIRANJAN STREET ADDRESS 9431 BLOOMFIELD DR. CITY, ST PALM BEACH GRDNS FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST	☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my corporation has filed the annual report with the Department of State, Division of Corporations, pursuant to Section 607.1622, Florida Statutes. I further certify that the net income reported on the corporation's federal income tax return for the preceding calendar year was not less than the minimum required by Section 607.1602, Florida Statutes, or that my corporation has filed a statement with its annual report or supplemental annual report to the effect that it will be unable to file its annual report or supplemental annual report for the current calendar year because it has not met the minimum income requirement of Section 607.1602, Florida Statutes, and that my corporation qualifies for an exemption from the minimum income requirement of Section 607.1602, Florida Statutes, because it is a charitable, religious, or educational corporation as described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or a political organization as described in Section 527 of the Internal Revenue Code of 1986, as amended, and I have attached with my signature a copy of the letter from the Internal Revenue Service or other supporting documentation to substantiate my corporation's status as described in Section 501(c)(3) or