

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89190** (0)

1. Corporation Name

TEJ VILLAGE, INC.



Principal Place of Business

**7 N COCOA BLVD
COCOA FL 32922
US**

Mailing Address

**7 N COCOA BLVD
COCOA FL 32922
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**LINTZ, LESTER
1970 MICHIGAN AVE.
BLDG. C
COCOA FL 32922**

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

04/28/1995

4. FFI Number

59-3090308

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the applicable

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SHAH, MAHESH R.	
STREET ADDRESS	702 HAWKSBILL ISLAND DR	
CITY-STATE-ZIP	SATELLITE BEACH FL	
TITLE	DV	☐ DELETE
NAME	SHAH, RAJENDRA B.	
STREET ADDRESS	842 SOUTHERN PINE TR.	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	DS	☐ DELETE
NAME	SHAH, RASHMI M.	
STREET ADDRESS	702 HAWKSBILL ISL DR	
CITY-STATE-ZIP	SATELLITE BCH FL	
TITLE	DVP	☐ DELETE
NAME	SHAH, KANAN R.	
STREET ADDRESS	842 SOUTHERN PINE TR	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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)(k), 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.

SIGNATURE:

Rashmi Shah

RASHMI SHAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

DATE

14076310245

DISPATCH NUMBER

CR2E034 (12/95)