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Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S92361 (2)
1. Corporation Name
NIRMA, INC.



Principal Place of Business
8050 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address
8050 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

26 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, HARSHAD
8050 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS ☐ DELETE

NAME PATEL, HARSHAD
STREET ADDRESS 8050 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☐ DELETE

NAME PATEL, HARSHAD
STREET ADDRESS 8050 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE TD ☐ DELETE

NAME PATEL, RAJENDRA
STREET ADDRESS 8050 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D ☐ DELETE

NAME PATEL, MAHENDRAKUMAR
STREET ADDRESS 8050 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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

[Signature]

1/28/98

CR2E034 (10/97)