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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # V13087 NS INTERNATIONAL INC.			
Principal Place	e of Business	Mailing Address		T (EBIK BLIDD) HINDO FINI OBSOLIBINI IDDI DIDIN
6144 ORANGE 5781 LACOSTA ORLANDO FL 3	HILL CT DRIVE	7244 SOMERSWORTH DR ORLANDO FL 32835 US		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualifed
<u></u>	·			02/11/1992
, , , , , , , , , , , , , , , , , , , ,	lace of Business F4 SOMERSWORTH	2a. Mailing Address		4. FEI Number Applied For 59-3125515 Not Applicable
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		40.75
22		27	·	5. Certificate of Status Desired
City & Stat		City & State		6. Election Campaign Financing S5.00 May Bø Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	'8. This corporation owes the current year Intangible
24 328	35 ₂₅ ÚSA	29 30	<u> </u>	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
DEF	PAM GOKAL		81 Name	DEEPAM GOKAL
6144 ORANGE HILL CT			82 Street	Address (P.O. Box Number is Not Acceptable) 7244 SOMERS WORTH DR.
ORLANDO FL 32819			83	1277 Same 13 water 11
			84 City	ORLANIO FL 85 Zip Code 32835
44-Dissect to the acquisions of Sections 607 0500 and 607 1508. Elevide Statutes the above paged corporation submits this statement for the number 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. Thereby 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		egistered Agent signature re	- ` <u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PMD	☐ DELETE	1.1 TITLE	PD Change Addition
NAME	GOKAL, DEEPAM		1.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	6144 ORANGE HILL CT.		1.3 STREET ADDRESS	7244 SOMERSWORTH DR
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL . 32835
TITLE	VS	☐ DELETE	2.1 TITLE	Change ☐ Addition
NAME	GOKAL, BABOOLAL		2.2 NAME	
STREET ADDRESS	6144 ORANGE HILL COURT		2.3 STREET ADDRESS	7244 SOMERSWORTH DR
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY- ST-ZIP	ORLANDO, FL 32835
TATLE	D	□-DELETE	3.1.TITLE	Change Addition
NAME .	GOKAL, KUSUN		3.2 NAME	7244 SOMBESWORTH DR
STREET ADDRESS	6144 ORANGE HILL COURT		3.3 STREET ADDRESS	ORLANDO, FL 32835
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	MD Change KAddition
MILE			4.1 HILE 4.2 NAME	GOKAL BANDISH BAROOLAL
NAME STREET ADDRESS			4.3 STREET ADDRESS	7244 SOMERSWORTH DRIVE
CITY-\$T-ZIP		•	4.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME :		ŀ	6.2 NAME	

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/1999

(401) 2940033

Daytime Phone #