(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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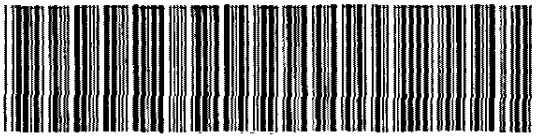

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # V37641 (0)

PROMACO
ANAND ENTERPRISE, INC.
16105 MAHOGANY BAY DR
BOYNTON BEACH FL 33436-7610

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Bk. # 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1992	3a. Date of Last Report: 10/22/1992
FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	4. FEI Number: 65-0343087 — Applied For / Not Applicable
2. Mailing Address 21: 811 S. Dixie Hwy Lo. P.B. FL 33405.	2a. Principle Place of Business 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: / Country 30:
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ROEMER, ROBERT B.
359 S. COUNTRY ROAD
SUITE 3
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL / 85 Zip Code / 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(If Registered Agent Is Changing Agent Signs)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	PATEL, ANANDKUMAR D.	1.2 NAME	
1.3 ADDRESS	16105 MAHOGANY BAY DR.	1.3 ADDRESS	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	700001380067 -04/27/93--01138--010 ****200.00 ****200.00
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	APR 1.5 -93

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE Anand Patel DATE 3-28-93.

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
ANANDKUMAR D. PATEL	President	(407) 547-0478