Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

\$8.75 Additional

FÍLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90105 016 ***150.00

DOCUMENT # V42452

1. Corporation Name		
HARI AUM, INC.		
Principal Place of Business	Mailing Address	
JOHNSON, HOWARD	301 E 23RD ST	
301 E 23RD ST	PANAMA CITY FL 32405	
PANAMA CITY FL 32405	US	
US		
	· · · · · · · · · · · · · · · · · · ·	
2 Principal Place of Business	- 2a. Mailing Address	
21 Howard Johnson	26	_{
Suite, Apt. #, etc.	Suite, Apt. #, etc.	001
22 JUI E. 23 SI	Suite, Apt. #, etc.	V-
City & State	City & State	
23 Janama City 1 PC	28	
Zip 3 A A K Country	Zip	Country
24 3A4U2 25 U S	29 30	
9. Name and Address of Curren	t Registered Agent	
DITTE MANUALLE D		81 Name
PATEL, MANISHA B.		82 Street Ad
' 4111 W HWY 98		30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/08/1992

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

4. FEI Number

59-3162242

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

PAN	AMA CITY FL 32401		83					- X-55 -		
			84	CityPo	nama	City		FL	85 Zip 9	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 Mah. Vah. Manisha Patet, President (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
12.	OFFICERS AND DIRECTORS		13.		ADD	ITIONS/CHAN	GES TO OFF	ICERS AN		
TITLE	PTD	☐ DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	PATEL, MANISHA B.	1	1.2 NAME							
STREET ADDRESS	4111 W. HWY 98		1.3 STREE	T ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	PATEL, JITENDRA C.		2.2 NAME		<u></u>		<u></u>			_ -
STREET ADDRESS	4111 W. HWY 98		2.3 STREE	TADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-S	ST-ZIP						
TITLE	VSD	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME	SHAH, MAHESH D.		3.2 NAME	İ						1
STREET ADDRESS	301 E. 23RD ST.		3.3 STREE	TADDRESS						
CITY-ST-ZIP	PANAMA CITY BCH FL		3.4. CITY-5	ST-ZIP					<u></u> .	
TITLE	D	☐ DELETÉ	4,1 TITLE						☐ Change	☐ Addition
NAME	BHIKHU, PATEL		4. 2 NAME	ľ						
STREET ADDRESS	4111 W. HWY. 98		4.3 STREE	TADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-S	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	1					Change	Addition)
NAME			5.2 NAME							1
STREET ADDRESS			5.3 STREE	TADORESS						
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	\exists					☐ Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORESS						
OTT OT 715			6.4 CITY- 5	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

850-872*-8585*

Date