

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V50008

(4)

1. Corporation Name

H.B. INTERNATIONAL, INC.



Principal Place of Business

4520 EAU GALLIE BLVD  
MELBOURNE FL 32935

Mailing Address

4520 EAU GALLIE BLVD  
MELBOURNE FL 32935

3. Date Incorporated or Qualified  
07/10/1992

3a. Date of Last Report  
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3184905

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANDHI, PRATIBHA  
442 LANTERBACK ISLAND DRIVE  
SATELLITE BEACH FL 32437

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GANDHI, HEMANT R  
STREET ADDRESS 442 LANTERBACK ISLAND DR  
CITY- ST- ZIP SATELLITE BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME GANDHI, PRATIBHA H  
STREET ADDRESS 442 LANTERBACK ISLAND DR  
CITY- ST- ZIP SATELLITE BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME PANYA, SVEHLATA  
STREET ADDRESS 315 N. TROPICAL TRAIL  
CITY- ST- ZIP MERRITT ISLAND FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME PANDYA, SUNAN  
STREET ADDRESS 315 N. TROPICAL TRAIL  
CITY- ST- ZIP MERRITT ISLAND FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 (407) 259-8400  
Date Daytime Phone #

CR2E034 (12/95)