

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90007 023 \*\*\*\*88.75  
 05-14-1999 90007 024 \*\*\*\*61.25

0287496

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000083265**

1. Corporation Name  
**GAMI PROPERTIES FLORIDA, INC.**



Principal Place of Business  
**4900 POWERLINE ROAD  
 FT LAUDERDALE FL 33324**

Mailing Address  
**4900 POWERLINE ROAD  
 FT LAUDERDALE FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/31/1995**

4. FEI Number  
**04-3296356** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **as above**

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address  
 26 **as above**

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PD PATEL, DINESH DR**

STREET ADDRESS **22 BRENT ROAD**

CITY-ST-ZIP **LEXINGTON MA 02173**

TITLE  DELETE

NAME **VP BISARIA, MIHU**

STREET ADDRESS **8402 LOOKOUT CIRCLE**

CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE  DELETE

NAME **TSD JOSHI, JAYANT**

STREET ADDRESS **5119 SUFFOLK DRIVE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE  DELETE

NAME **D BISARIA, ATUL**

STREET ADDRESS **8402 LOOKOUT CIRCLE**

CITY-ST-ZIP **BOCA RATON FL 33496**

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, with all other like empowered.

SIGNATURE: **Jay Joshi** **Jos Joshi** **4/30/99** **954-771-4880**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **Cx 7526**

CR2E034 (1/98)