## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 842616

(5)

3-H-O INTERNATIONAL HEADQUARTERS OF CALIFORNIA, INC.

Principal Place of Business

Mailing Address



1620 PREUSS RD. LOS ANGELES CA 90035  1620 PREUSS RD. LOS ANGELES CA 90035								
					3. Date Incorporated or Qualified 02/15/1979	3a. Date of Last Report 03/02/1995		
2. Principal Pr	tace of Business Y # 106 , Pentagon	2a. Mailing Address 26 PO POX	3011	)	4. FEI Number 95-2654282	1	Applied For Not Applicable	
Suite, Apt.	#, etc. Square	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.</b>	75 Additional	
City & State  23 Espanola NM  28 Fairview  1			MM		Election Campaign Financing     Trust Fund Contribution	1 1	.00 May Be ded to Fees	
24 ZIP 7 F					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No			
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	Name				
KHALSA, DEVA SINGH 3260 NW 23RD AVE STE 400 1442 NW 100 DR CORAL SPGS, FL 33071				82 Street Address (P.O. Box Number is Not Acceptable)				
	NO BCH FL 33069		84	City			Zip Code	
11. Pursuant	to the provisions of Sections 617,0502 ar	nd 617.1508, Florida Statutes,	the above-na	amed corp	poration submits this statement for the purp	<del></del>	s registered office	
	red agent, or both, in the State of Florida. th, and accept the obligations of, Section		by the corpo	ration's b	poration submits this statement for the purplicand of directors. I hereby accept the appoin	ntment as régister	ed agent. I am	
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent	signature req	uired when reinstaling)	DATE	<del></del>	
12.	OFFICERS AND (		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	D	DELETE	1.1 TITLE	I		☐ Chang	e 🔲 Addition	
NAME	KHALSA, SAT NARAYAN SIMR		12 NAME					
STREET ADDRESS	8820 W 18 ST		1.3 STREET A	ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP					
TIFLE	\$TD DELETE		2.1 TITLE		***	Chang	e 🔲 Addition	
NAME	KHALSA, SHAKTI PK		2.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2 3 STREET ADDRESS					
CITY - ST - ZIP	LOS ANGELES, CA 00000		2. 4 CITY - ST - ZIP					
TITLE	D DELETE		3.1 TITLE			Change	Addition	
NAME	raskin, stephanie		3.2 NAME				_	
STREET ADORESS			3.3 STREET ADDRESS					
CHTY+ST-ZIP	BEVERLY HILLS CA		34. CITY-ST	-ZIP				
TITLE	VD	DELETE	41 TITLE			Change	Addition	
NAME	KHALSA, SARDARNI GURU AM		4. 2 NAME	1		•		
STREET ADDRESS	2710 ANCHOR DR		4.3 STREET A	DDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 00000		4.4 CITY-ST-					
TITLE	Р	DELETE	5.1 TITLE			Change	Addition	
NAME	KHALSA, AVTAR HARI SINGH		5.2 NAME				_	
STREET ADDRESS	RT 3 BOX 137BB		5.3 STREET A	DDRESS			!	
CITY - ST - ZIP	ESPANOLA NM		5 4 CITY-ST-				ł	
TITLE	D	DELETE	61 TITLE			☐ Change	Addition	
NAME	KHALSA, SAT KIRPAL SINGH		62 NAME		and con		_ '	
STREET ADDRESS	2545 N. WOODLAND RD		63 STREET A	DDRESS	Highway 285-84, Bo	× 101		
CITY-ST-ZIP	TUCSON AZ		64 City-St-	7IP	Highway 285-84, 130 Espanola, NM 87532	۷		
14. I do hereb	y certify that the information supplied with	this filing is voluntarily furnished	d and does	not qualin	for the exemption stated in Section 119.07	(3)(k) Florida Stat	rides I further	

In the property certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**