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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 842616 (5)

1. Corporation Name
3-HO INTERNATIONAL HEADQUARTERS OF CALIFORNIA, INC.



Principal Place of Business HWY 7708 PENTACON SQUARE ESPANOLA NM 87532	Mailing Address P.O. BOX 351149 LOS ANGELES CA 90035
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 02/15/1979	3a. Date of Last Report 03/13/1996
4. FEI Number 95-2654282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KHALSA, DEVA SINGH
3260 NW 23RD AVE STE 400
1442 NW 100 DR CORAL SPGS, FL 33071
POMPANO BCH FL 33069**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KHALSA, SAT NARAYAN SIMR	
STREET ADDRESS	8820 W 18 ST	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KHALSA, SHAKTI PK	
STREET ADDRESS	1620 PREUSS RD	
CITY-ST-ZIP	LOS ANGELES, CA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASKIN, STEPHANIE	
STREET ADDRESS	308 So. Rexford Dr.	
CITY-ST-ZIP	BEVERLY HILLS CA #6	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KHALSA, SARDARNI GURU AM	
STREET ADDRESS	2710 ANCHOR DR	
CITY-ST-ZIP	LOS ANGELES, CA 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KHALSA, AVTAR HARI SINGH	
STREET ADDRESS	RT 2 BOX 137BB	
CITY-ST-ZIP	ESPANOLA NM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHALSA, SAT KIRPAL SINGH	
STREET ADDRESS	HWY 285-84 BOX 101	
CITY-ST-ZIP	ESPANOLA NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Sat Kirpal Singh* DATE: **4/28/97** (310) 553-2972

CR2E037 (9/96)