FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

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City & State

Zip

DOCUMENT #1. Corporation Name

842616

(5)

City & State

Zip

3-H-O INTERNATIONAL HEADQUARTERS OF CALIFORNIA,

1140.					
Principal Place of Business	Malling Address				
1620 PREUSS ROAD LOS ANGELES CA 80035 US	P.O. BOX 351149 LOS ANGELES CA 90035 US				
2. Principal Place of Business	2a. Malling Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

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KHALSA, DEVA SINGH

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Country

9. Name and Address of Current Registered Agent

FILED									
Apr 02 1998 8:00am									
Secretary of State									



Yes No

7. Is this nonprofit corporation a homeowners association?

10. Name and Address of New Registered Agent

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

95-2654282

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/15/1979 4. FEI Number

KHALSA, DEVA SINGH 3260 NW 23RD AVE STE 400 1442 NW 100 DR CORAL SPGS, FL 33071 POMPANO BCH FL 33089		82 83	Street	Address (P.O. Box Number is Not Acceptable)				
		84	City	FI	<u> </u>	Code		
office or re	to the provisions of Sections 617.0502 and 617. egistered agent, or both, in the State of Florida. in familiar with, and accept the obligations of, S	Such change was auti	horized by	the con	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered	
SIGNATURE .	Signature, typed or printed name of registered agent and liftle if ag	pplicable (NOTE: R	egistered Age	nt signature	required when reinstating) DATE			
12.	OFFICERS AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12	(10/97)
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	윤
NAME	KHALSA, SAT NARAYAN SIMR		1.2 NAME					
STREET ADDRESS	8820 W 18 ST		1.3 STREET	ADDRESS				띪
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-S	Y-ZIP				CR2E037
TITLE	STD	☐ DELETE	2.1 TITLE			Change	Addition	ᄗ
NAME	KHALSA, SHAKTI PK		2.2 NAME					
STREET ADDRESS	1620 PREUSS RD		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LOS ANGELES, CA 00000		2. 4 CITY-5	ST-ZIP				
TITLE	D	DELETE	3.1 TITLE			☐ Change	Addition	
NAME	raskin, stephanie		3.2 NAME					
STREET ADDRESS	308 S. REXFORD DR., #6		3.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP	BEVERLY HILLS CA		3.4. CITY-5	ST-ZIP \				
TITLE	8	☐ DELETE	4.1 TITLE		Route 2 Box 132D	Change	Addition	
NAME	KHALSA, SARDARNI GURU AM		4.2 NAME	`	Route 2 Box 132D Espanola, NM 87532			
STREET ADDRESS	2710 ANCHOR DR		4.3 STREET	ADDRESS	*P=0.2:B09::992:			
CITY-ST-ZIP	LOS ANGELES, CA 00000	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-S	T-ZIP				
TITLE	Р	DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	KHALSA, AVTAR HARI SINGH		5.2 NAME					1
STREET ADDRESS	RT 2 BOX 137BB		5.3 STREET	ADDRESS				l
CITY-ST-ZIP	ESPANOLA NM		5.4 CITY-S	T-ZIP				1
TITLE	D	DELETE	6.1 TITLE			Change	Addition Addition	
NAME	KHALSA, SAT KIRPAL SINGH		6.2 NAME					
STREET ADDRESS	HWY 285-84 BOX 101		6.3 STREET	ADDRESS				
C(TY-ST-71P	ESPANOLA NM		BACITY-S	T- 71P				}

Country

Name 81

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplemental angual 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 by attachment with an address.

SIGNATURE:

All (10) 553-2972

SIGNATURE: