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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90064 044 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 842616**

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

Principal Place of Business  
 1620 PREUSS ROAD  
 LOS ANGELES CA 90035  
 US

Mailing Address  
 P.O. BOX 351149  
 LOS ANGELES CA 90035  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1979</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>95-2654282</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KHALSA, DEVA SINGH 3260 NW 23RD AVE STE 400 1442 NW 100 DR CORAL SPGS, FL 33071 POMPANO BCH FL 33069				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, SAT NARAYAN SIMR</b>	1.2 NAME	
STREET ADDRESS	<b>8820 W 18 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, SHAKTI PK</b>	2.2 NAME	
STREET ADDRESS	<b>1620 PREUSS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES, CA 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASKIN, STEPHANIE</b>	3.2 NAME	
STREET ADDRESS	<b>308 S. REXFORD DR., #6</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BEVERLY HILLS CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, SARDARNI GURU AM</b>	4.2 NAME	
STREET ADDRESS	<b>ROUTE 2 BOX 132D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ESPANOLA NM 87532</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, AVTAR HARI SINGH</b>	5.2 NAME	
STREET ADDRESS	<b>RT 2 BOX 137BB</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ESPANOLA NM</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHALSA, SAT KIRPAL SINGH</b>	6.2 NAME	
STREET ADDRESS	<b>HWY 285-84 BOX 101</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ESPANOLA NM</b>	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 617, 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: *[Signature]* **SIGNATURE REQUIRED** **3-5-99** **310-552-3416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98