

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1979

4. FEI Number

95-2654282

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

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
POMPAHO 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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KHALSA, SAT NARAYAN SIMR**
CITY-ST-ZIP **8820 W 18 ST
LOS ANGELES CA**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **KHALSA, SHAKTI PK**
CITY-ST-ZIP **1620 PREUSS RD
LOS ANGELES, CA 00000**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RASKIN, STEPHANIE**
CITY-ST-ZIP **308 S. REXFORD DR., #6
BEVERLY HILLS CA**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **KHALSA, SARDARNI GURU AM**
CITY-ST-ZIP **ROUTE 2 BOX 132D
ESPANOLA NM 87532**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **KHALSA, AVTAR HARI SINGH**
CITY-ST-ZIP **RT 2 BOX 137BB
ESPANOLA NM**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KHALSA, SAT KIRPAL SINGH**
CITY-ST-ZIP **HWY 285-84 BOX 101
ESPANOLA NM**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-99 310-552-3416

CR2E037-11/98