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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:17

DOCUMENT # N93000001607 (1)

1. Corporation Name
OM SHRI ASHRAM, INC.

Principal Place of Business	Mailing Address
103 MCDONALD RD. PLANT CITY FL 33567 US	1001 LOCHMONT DR. BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 07/05/1994
4. FEI Number: 59-3188173 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 103 MCDONALD ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 —
City & State 23	City & State 28 PLANT CITY, FL
Zip 24 / Country 25	Zip 29 33567 / Country 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

BAKARANIA, KANTI
1001 LOCHMONT DR
BRANDON FL 33511

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE K.L.Bakarania 2-10-'95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	THAKAR, JITU	1.2 NAME	
STREET ADDRESS	35116 32ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTORIA NY 11106	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKARANIA, KANTI	2.2 NAME	
STREET ADDRESS	1001 LOCHMONT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, THAKOR	3.2 NAME	
STREET ADDRESS	6600 BELLAIR BD #706	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77074-6465	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	MULANI, KISHOR	4.2 NAME	GAJERA MADHAV
STREET ADDRESS	13418 CANAAN BRIDGE	4.3 STREET ADDRESS	2671 S. COURSE DRIVE #903
CITY-ST-ZIP	HOUSTON TX 77041	4.4 CITY-ST-ZIP	POMPANO BEACH, FL-33069
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, PETER	5.2 NAME	
STREET ADDRESS	3212 LITHIA PINECREST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33544	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BARAD, KUSAM R	6.2 NAME	
STREET ADDRESS	1040 BS WESTGATE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ADDISON IL 60101	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: K.L.Bakarania KANTI BAKARANIA 2-10-'95 904-521-4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #