

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F92000000940 (8)

1. Corporation Name
THE PRASAD PROJECT, INC.



Principal Place of Business: 465 BRICKMAN RD HURLEYVILLE NY 12747 US
Mailing Address: 465 BRICKMAN RD HURLEYVILLE NY 12747 US

3. Date Incorporated or Qualified: 3/27/92 (3/13/92)
3a. Date of Last Report: 06/30/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 14 1751000
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PAPINO, ROBERTA
3285 MACDONALD STREET
MIAMI FL 33133**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: T NAME: MCCracken, ED STREET ADDRESS: 11 ANGELA CITY-ST-ZIP: LOS ALTOS CA	<input type="checkbox"/> DELETE
TITLE: D NAME: DACOMINE, FREDERIC STREET ADDRESS: 80 BLVD PORT ROYAL CITY-ST-ZIP: 75005 PARIS FRANCE	<input type="checkbox"/> DELETE
TITLE: P NAME: HERST, MARILYN STREET ADDRESS: 465 BRICKMAN RD CITY-ST-ZIP: HURLEYVILLE NY	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: BRENT, RONALD J STREET ADDRESS: 371 BRICKMAN RD CITY-ST-ZIP: SOUTH FALLSBURG NY	<input type="checkbox"/> DELETE
TITLE: VPD NAME: ECKLES, JACLYNE STREET ADDRESS: 465 BRICKMAN RD CITY-ST-ZIP: HURLEYVILLE NY	<input type="checkbox"/> DELETE
TITLE: S NAME: WYCKOFF, KATHERINE STREET ADDRESS: 1616 FT MYER DR 11TH FL CITY-ST-ZIP: ARLINGTON VA	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P/D 1.2 NAME: Catherine A. Parrish 1.3 STREET ADDRESS: 262 Mt. Cliff Rd. 1.4 CITY-ST-ZIP: Hurleyville, NY. 12747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: 2.2 NAME: Susan M. George 2.3 STREET ADDRESS: 371 Brickman Rd. 2.4 CITY-ST-ZIP: Hurleyville, NY 12747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: Susan M. George, Treasurer 3/7/96 (914) 434-0376

CR2E037 (12/95)