FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02308 (7)

1. Corporation Name

KERALA SAMAJAM OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
10170 S.W. 103 AVE. MIAMI FL 33176 US	10170 S.W. 103 AVE. MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1984
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0153874 ☐ 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 5932 TRIPHAMMER RD.	26 5932 TRIPHAMMER RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 LAKEWORTH, FL	28 LAKEWORTH, FL
24 Zip 33463 25 Country U.S.A.	29 Zip 33463 30 Country U.S.A.

9. Name and Address of Current Registered Agent

THOMAS, JOHN P.
10170 S.W. 103 AVE.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: THOTTAM, MATHEW G.
82 Street Address (P.O. Box Number is Not Acceptable): 5932 TRIPHAMMER RD.
83
84 City: LAKEWORTH FL 85 Zip Code: 33463

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: [signature] MATHEW THOTTAM. TR
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	THOMAS, JOHN P.	1.2 NAME	NICHOLAS VARGHESE
STREET ADDRESS	10170 S.W. 103 AVENUE	1.3 STREET ADDRESS	4040 n w 106 thdr (Fl 33065)
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coralsprings
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	PANAVELIL, THOMAS	2.2 NAME	RAJAN PADAVATHIL
STREET ADDRESS	13027 S.W. 88 LANE	2.3 STREET ADDRESS	6586 grant ct Hollywood
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Fl 33024.
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	GEORGE, XAVIOR	3.2 NAME	THOMAS VARKET
STREET ADDRESS	331 N.W. 78 TERR. #107	3.3 STREET ADDRESS	8124 S W 102 st Miami 33156.
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	NIRAVEL, ANANDAN	4.2 NAME	MATHEW THOTTAM
STREET ADDRESS	9026 N.W. 24 CT..	4.3 STREET ADDRESS	5932 TRIPHAMMER RD.
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	LAKEWORTH, FL 33463
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	PULICK, JOSE	5.2 NAME	RADHA KRISHNAN NAIR
STREET ADDRESS	6804 S.W. 136 CT.	5.3 STREET ADDRESS	15061 Tehercliff st
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Davie Fl 33331.
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	NAIR, JAYANANDAN	6.2 NAME	C. MATHEW
STREET ADDRESS	750 N.W. 92 AVE.	6.3 STREET ADDRESS	11916 N W 24 st, Coralsprings
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	Fl 33065.

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: MATHEW THOTTAM. [signature] 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

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