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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02308** (7)

1. Corporation Name

KERALA SAMAJAM OF SOUTH FLORIDA INC.



Principal Place of Business 5932 TRIPHAMMER RD. LAKE WORTH FL 33463 US	Mailing Address 5932 TRIPHAMMER RD. LAKE WORTH FL 33463-1551 US
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2. Principal Place of Business 21 P.O. BOX 162732		2a. Mailing Address 26 P.O. BOX 162732		3. Date Incorporated or Qualified 04/02/1984		3a. Date of Last Report 05/01/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc. 27 MIAMI		4. FEI Number 65-0153874		Applied For Not Applicable	
City & State 23 MIAMI FLORIDA		City & State 27 MIAMI FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33176		Zip 29 33176		Country 25 U.S.A.		Country 30 U.S.A.	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.							

9. Name and Address of Current Registered Agent THOTTAM, MATTHEW G 5932 TRIPHAMMER RD. LAKE WORTH FL 33463				10. Name and Address of New Registered Agent 81 Name AUSEPH VARKEY 82 Street Address (P.O. Box Number is Not Acceptable) 11481 S.W. 103 ST 83 84 City MIAMI FL 85 Zip Code 33176			
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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 *Auseph Varkey* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOTTAM, MATTHEW 5932 TRIPHAMMER RD LAKE WORTH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P AUSEPH VARKEY 11481 S.W. 103 ST MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS C. THOMAS 6530 SW 58TH ST DAVIE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V LIZY THOMAS 10170 SW 88 LANE MIAMI 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMMAL KANACHERIL 11210 NW 114TH LANE CORAL SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S WILSON BENJAMIN 10010 N.W. 36 ST. HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES CHACKO 4885 NW 101 AVE CORAL SPRINGS FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T GEORGE T GEORGE 12290 N.W. 8th ST CORAL SPRINGS 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURUVILA THEKKUMKATTIL 18233 SW 10TH PL MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D MANILAL C. KUNCHANDY 7440 N.W. 24 ST. margate FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIR, RADHA K 15061 TEHERCLIFF ST DAVIE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D DEVA GODWIN 7455 S.W. 127 COURT MIAMI 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE *Auseph Varkey* **AUSEPH VARKEY** 305-274-7574 11/1/1997

CR2E037 (9/96)