

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 AM 10: 03

DOCUMENT # N02308

1. Corporation Name

KERALA SAMAJAM OF SOUTH FLORIDA INC.

Principal Place of Business
4865 N.W. 101 AVENUE
CORAL SPRINGS FL 33076

Mailing Address
4865 N.W. 101 AVENUE
CORAL SPRINGS FL 33076

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REINSTATEMENT 99

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0153874	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CHACKO, JOSEPH 4865 N.W. 101 AVENUE CORAL SPRINGS FL 33076				81 Name CHACKO, JOSEPH	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				4865 N.W. 101 AVE	
				83 City	
				CORAL SPRINGS	
				84 City	
				FL	
				85 Zip Code	
				33076	
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 <i>Joseph Chacko</i> DATE Sept 10 - 1999					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE			1.1 TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
P CHACKO, JOSEPH			P CHACKO, JOSEPH		
4865 N.W. 101 AVENUE			4865 N.W. 101 AVE		
CORAL SPRINGS FL 33076			CORAL SPRINGS, FL-33076		
1.2 TITLE			1.2 TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
V KUNCHANDI, MANI L			V ALIAS NICE PRESIDENT		
7440 N.W. 24 STREET			2330 NW 139 AVE		
CORAL SPRINGS FL 33063			SUNRISE FL - 33061		
1.3 TITLE			1.3 TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
S VARYGHESE, GEORGY			S MARY CHACKO		
521 CARINGTON LANE			4865 N.W. 101 AVE		
WESTON FL 33326			CORAL SPRINGS, FL-33076		
1.4 TITLE			1.4 TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
T KALAYIL, JACOB			T BINU GEORGE		
5364 N.W. 66TH AVENUE			5684 S.W. 114th AVE		
CORAL SPRINGS FL 33067			DAVIE, FL-33325		
1.5 TITLE			1.5 TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
D IDICULLA, LIBBY			D BERNARD, JOHN		
17033 N.W. 15 STREET			14401 S.W. 97 AVENUE		
DAVIE FL			KENDAL MIAMI FL 33176		

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 #

Sept 10 - 1999 (954) 971-6300

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CR2E037 (5/99)