FILE NOW: FILING FEE IS $61.25

~~NONPROFIT CORPORATION ANNUAL REPORT 1997~~

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

AMENDED AND FILED

97 DEC -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06264 (8)

1. Corporation Name

THE TAMIL CULTURAL ASSOCIATION, INC.
REINSTATEMENT (97)

Principal Place of Business	Mailing Address
% IAYAHNAR NAGAPOOLLAY 6860 KIMBERLY BOULEVARD N LAUDERDALE FL 33068	% IAYAHNAR NAGAPOOLLAY 6860 KIMBERLY BOULEVARD N LAUDERDALE FL 33068-2547

3. Date Incorporated or Qualified: 11/20/1984
3a. Date of Last Report: 11/04/1996

2. Principal Place of Business
21 4200 N.W. 3RD CT
Suite, Apt. #, etc.
22 UNIT 123
City & State
23 PLANTATION FLA.
Zip 24 33317 Country 25 USA

2a. Mailing Address
26 4200 NW 3RD CT
Suite, Apt. #, etc.
27 UNIT 123
City & State
28 PLANTATION FLORIDA
Zip 29 33317 Country 30 USA

4. FEI Number: 65-0138198 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAGAPOOLLAY, IAYAHNAR
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name IAYAHNAR NAGAPOOLLAY
82 Street Address (P.O. Box Number is Not Acceptable) 4200 N.W 3RD CT
83 UNIT 123
84 City PLANTATION FL. FL 85 Zip Code 33317

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 [signature] IAYAHNAR NAGAPOOLLAY [signature] 11-21-97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NAGAPOOLLAY, IAYAHNAR		1.2 NAME	
STREET ADDRESS	6860 KIMBERLY BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NAGAPOOLLAY, VINU		2.2 NAME	
STREET ADDRESS	6860 KIMBERLY BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHANDERDAI, BHAGOO		3.2 NAME	
STREET ADDRESS	460 NW 40 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

Q. Olan 12/1/97

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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: