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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:26

DOCUMENT # **N09066** **(4)**

1. Corporation Name
INDIA FINE ARTS SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O DR. R. IYENGAR 10000 W. BROADVIEW DR BAY HARBOR ISLS FL 33154 US	C/O DR. R. IYENGAR 10000 W. BRODVIEW DR BAY HARBOR ISLS FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/06/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0168758** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

IYENGAR, RAMANUJA
10000 WEST BROADVIEW DRIVE
BAY HARBOR ISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	IYENGAR, RAMANUJA	12 NAME		
STREET ADDRESS	10000 W. BROADVIEW DR.	13 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISL FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	RAMAKRISHNAN, S.	22 NAME	RAMAKRISHNAN, S.	
STREET ADDRESS	7320 CODUNA DR	23 STREET ADDRESS	5320 ORDUNA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	NARASINHAN, RAMARATHINAM	32 NAME	NARASIMHAN, RAMARATHNAM	
STREET ADDRESS	7221 SW 82ND ST 35	33 STREET ADDRESS	7221 SW 82ND ST, #E5	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	41 TITLE	T/D	☒ Change ☐ Addition
NAME	NARASIMHAN, YNAGCHEN	42 NAME	NARASIMHAN, YANGCHEN	
STREET ADDRESS	7221 SW 82ND ST #E5	43 STREET ADDRESS	7221 SW 82ND ST, #E5	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: _____ 3/26/95 (305) 284-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dr. RAMARATHNAM NARASIMHAN

0043026