

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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. BROADVIEW DR  
BAY HARBOR ISLS FL 33154  
US

3. Date Incorporated or Qualified

05/06/1985

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.050 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, 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

☐ DELETE

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
IYENGAR, RAMANUJA  
10000 W. BROADVIEW DR.  
BAY HARBOR ISL FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RAMAKRISHNAN, S.  
5320 ORDUNA DR  
CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
NARASIMHAN, RAMARATHNAM  
7221 SW 82 ST #E5  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
NARASIMHAN, YNAGCHEN  
7221 SW 82ND ST #E5  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D  
M. S. JAGADISH  
50 NE 132 ST  
NORTH MIAMI, FL 33161

S/D  
NARASIMHAN, RAMARATHNAM  
12421 SW 104TH TERR.  
MIAMI, FL 33186

T/D  
NARASIMHAN, YNAGCHEN  
12421 SW 104TH TERR.  
MIAMI, FL 33186

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. RAMARATHNAM NARASIMHAN

4/19/96 (305) 284-3100

Date

Daytime Phone

CR2E037 (12/95)