

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24920 (3)

1. Corporation Name

MIAMI MANDIR-PROJECT RELIEF, INC.

FILED

96 SEP -4 PM 2: 19



700001946657  
-09/13/96--01019--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business

330 N.E. 130TH STREET  
MIAMI FL 33161

Mailing Address

330 N.E. 130TH STREET  
MIAMI FL 33161

3. Date Incorporated or Qualified  
02/18/1988

3a. Date of Last Report  
04/27/1995

4. FEI Number  
58-8302010

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

WHITE, BOBBIE-ANNE, DR.  
330 N.E. 130TH STREET  
MIAMI FL 33161

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GOVINDA, SWAMI BHAKTI  
STREET ADDRESS NABADWIP DHAM, DISTRICT  
CITY-ST-ZIP WEST BENGAL, INDIA ☐ DELETE

TITLE D  
NAME RUTAN, ROBERT  
STREET ADDRESS 12178 GREENSPOINT DR#124  
CITY-ST-ZIP HOUSTON TX ☐ DELETE

TITLE D  
NAME WHITE, BOBBIE-ANNE DMD, Ch.T.  
STREET ADDRESS 330 N.E. 130TH STREET  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME PATTERSON, WILLIAM ALLAN  
STREET ADDRESS 330 N.E. 130TH STREET  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D  
NAME SALAZAR, JUAN  
STREET ADDRESS 330 N.E. 130TH ST  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D  
NAME GOUNDER, JALENDRA  
STREET ADDRESS 330 NE 130TH ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Secretary: RACHEL PAPPAS DELAQUILA  
2.3 STREET ADDRESS 330 NE 130TH ST  
2.4 CITY-ST-ZIP NORTH MIAMI

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Treasurer:  
3.3 STREET ADDRESS Ashley Molho  
3.4 CITY-ST-ZIP 330 NE 130TH ST NORTH MIAMI

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)