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

FILED
Jul 25 1997 8:00am
Secretary of State

DOCUMENT # N24920

MIAMI MANDIR
PROJECT RELIEF, INC.

14225 NE 6th AVE APT 3M.
North Miami Fl. 33161

2. Principal Place of Business: 21 14225 NE 6th Ave	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 APT 3M	Suite, Apt. #, etc.: 27
City & State: 23 NORTH MIAMI	City & State: 28 FL
Zip: 24 33161 Country: 25 USA	Zip: 29 331 Country: 30

3. Date Incorporated or Qualified: 12/18/88	3a. Date of Last Report: Aug 96
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	

9. Name and Address of Current Registered Agent

81 Name: Dr. Bobbi Anne White DMD
82 Street: 14225 NE 6th Ave #3M
83:
84 City: North Miami FL. 33161

10. Name and Address of New Registered Agent

[illegible] 3M
FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nar[illegible] 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME D / STREET ADDRESS / CITY-ST-ZIP	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME D / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
T / N D / S / CITY-ST-ZIP: Dr. Bobbi ANNE White DMD, 14225 NE 6th Ave #3M, North Miami FL. 33161 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
T / N D / S / CITY-ST-ZIP: RACHEL DELAGUILA, 451 S 19th Ave #6, Hollywood FL. 33020 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITL / NAM D / STR / CITY-ST-: Prasad RAMAN Kutty, 8340 HARDING Ave #301, MIAMI BEACH FL. 33141 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

400002257164
-08/04/97--01125--013
***69.95
PE 7-25

CR2E037 (9/96)

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: Dr. Bobbi Anne White — 30 MAY 97 — 3058953730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10 July 97