


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #	N24920	

MIAMI MANDIR
PROJECT RELIEF INC., INC

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 14225 NE 6th Ave		26. Suite, Apt. #, etc.		12/18/88	Aug 96
22. APT 3M		27. Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable
23. City & State NORTH MIAMI		28. City & State FL		58-8302010	
24. Zip 33161		29. Zip 331		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25. Country USA		30. Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dr. Bobbi Anne White DMD 14225 NE 6th Ave # 3M North Miami FL 33161				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street	
				83. City	
				84. State	
				85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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 _____ INOTE: Registered Agent's signature required when reinstating) DATE _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Dr. Bobbi Anne White DMD
14225 NE 6th Ave # 3M
North Miami FL 33161

RACHEL DELAGUIA
451 S 19th Ave #6
Hollywood FL 33020

Prasad RAMAN Kaly -
8340 HARDING Ave #301
MIAMI BEACH FL 33141

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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-I changed, or on an attachment with an address.

SIGNATURE: Dr. Bobbi Anne White 30 MAY 97 305 895 3730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #