


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38465** (3)

1. Corporation Name

HINDU SOCIETY OF AMERICA, INC.

Principal Place of Business

Mailing Address

**11120 SW 174 TERRACE
MIAMI FL 33157
US**

**11165 S W 138TH ST
11165 SW 138 STREET
MIAMI FL 33176-6418
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0217411

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

**DOOBAY, S.P.
11165 SW 138 STREET
MIAMI FL 33176**

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	PD	<input type="checkbox"/> DELETE
NAME	DOOBAY, S.P.	
STREET ADDRESS	11165 SW 138 STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAHASE, J A	
STREET ADDRESS	10884 SW 154 TERR	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARSAUD, CHANDRESH	
STREET ADDRESS	15569 SW 138 PLACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIVBARAN, ROHIT	
STREET ADDRESS	8281 NW 183 ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	APARBAL, JAINARAIN	
STREET ADDRESS	11881 SW 208 ST	
CITY- ST- ZIP	MIAMI FL 12	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shri Kaimraj
2.3 STREET ADDRESS	12795 SW 189ST
2.4 CITY- ST- ZIP	Miami, FL 33177
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. PERSAUD, NARACE
3.3 STREET ADDRESS	8234 SW 206 TERR.
3.4 CITY- ST- ZIP	MIAMI FL 33189
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAHADEO N. SINGH
5.3 STREET ADDRESS	10840 SW 165 STREET
5.4 CITY- ST- ZIP	MIAMI FL 33157
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

S. R. DOOBAY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/97
Date

305-378 0281
Daytime Phone # 0033024

CR2E037 (9/96)