

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 # N45687 (3)

1. Corporation Name

ARYA SAMAJ (FLORIDA), INC.



Principal Place of Business

1432 NW 47TH TERR.
COCONUT CREEK FL 33063

Mailing Address

1432 NW 47TH TERR.
COCONUT CREEK FL 33063

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6901 N.W. 14 STREET

26 6901 N.W. 14 ST

4. FEI Number

65-0314477

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

PLANTATION FL

PLANTATION FL

24 Zip

Country

29 Zip

Country

33313

U.S.A.

33313

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARIPRASAD, SAHADEO
1432 NW 47TH TERR.
COCONUT CREEK FL 33063

81 Name

MERZENA JULIE PERSAUD

82 Street Address (P.O. Box Number is Not Acceptable)

6901 N.W. 14 STREET

83

84 City

PLANTATION

FL

85 Zip Code

33313

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

Merzena Julie Persaud

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

(NOTE: Registered Agent signature required when reinstating)

4/18/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARIPRASAD, SAHADEO	
STREET ADDRESS	1432 NW 47TH TERR.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DHARAMDEO, ANAND	
STREET ADDRESS	6841 NW 6TH CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREA, NARAIN	
STREET ADDRESS	7188 NW 80TH COURT	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MERZENA JULIE PERSAUD	
1.3 STREET ADDRESS	6901 N.W. 14 STREET	
1.4 CITY-ST-ZIP	PLANTATION FL 33313	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHUBHA D. RAMJATTAN	
2.3 STREET ADDRESS	1345 N.W. 120 STREET	
2.4 CITY-ST-ZIP	MIAMI FL 33167	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Merzena Julie Persaud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERZENA JULIE PERSAUD

4/01/96

Date

(305) 321-9523

Daytime Phone #

CR2E037 (12/95)