

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N92000000250 (2)

1. Corporation Name

FLORIDA-NEPAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6320 NW 33RD TERRACE
GAINESVILLE FL 32606

6320 NW 33RD TERRACE
GAINESVILLE FL 32606

3. Date Incorporated or Qualified
11/13/1992

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

59-3152163

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

LAMSAL, RAJEEB K
~~6508 WAR ADMIRAL TRAIL~~
~~TALLAHASSEE FL 32308~~

81 Name

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

8715 BELLE RIVE BLVD, APT. #3202

83

84

City JACKSONVILLE

FL

85 Zip Code

32256

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	MALI, TIRTHA	
STREET ADDRESS	6320 NW 33RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAMSAL, RAJEEB	
STREET ADDRESS	6508 WAR ADMIRAL TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ISD	<input type="checkbox"/> DELETE
NAME	SHRESTHA, RAMESH	
STREET ADDRESS	4713 NW 53RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHRESTHA, RAJENDRA	
STREET ADDRESS	13338 FALCON POINTE DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALAKAR, SUBARNA	
STREET ADDRESS	12017 SW 12TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	MAL	<input type="checkbox"/> DELETE
NAME	SATYAL, AJAY	
STREET ADDRESS	328 EMERSON CIRCLE	
CITY-ST-ZIP	PALM SPRINGS FL 33467	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (904)348-3638

Date

Daytime Phone #

CR2E037 (12/95)