

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000250 (2)
 1. Corporation Name
FLORIDA-NEPAL ASSOCIATION, INC.

Principal Place of Business 6320 NW 33RD TERRACE GAINESVILLE FL 32606	Mailing Address 1368 MALLARD LANDING BLVD. JACKSONVILLE FL 32259 US
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3. Date Incorporated or Qualified 11/13/1992	
4. FEI Number 59-3152163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LAMSAL, RAJEEB K
1368 MALLARD LANDING BLVD. N.
JACKSONVILLE FL 32259

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE <i>Member at large</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHUKLA, SAROJ		1.2 NAME <i>Malakag Pawan</i>	
STREET ADDRESS 5225 N.W. 64TH BLVD.		1.3 STREET ADDRESS <i>3406 Victoria Park Rd.</i>	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP <i>Jacksonville, FL 32216</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMSAL, RAJEEB		2.2 NAME	
STREET ADDRESS 1368 MALLARD LANDING BLVD. N.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHRESTHA, SUNDAR D		3.2 NAME	
STREET ADDRESS 8203 N.W. 31ST AVE., APT. G-45		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACHARYA, DHARMA		4.2 NAME	
STREET ADDRESS 157 SEASIDE CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP POINTE VERDA FL		4.4 CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PANT, ANU		5.2 NAME	
STREET ADDRESS 1950 PAINE AVE., APT. 31		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SATYAL, AJAY		6.2 NAME	
STREET ADDRESS 328 EMERSON CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM SPRINGS FL		6.4 CITY-ST-ZIP	

14. I 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: *RAJEEB K. LAMSAL, PRESIDENT Rajeeb Lamsal 4/18/98 (904) 76-9411*

CR2E037 (10/97)