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Secretary of State

04-28-1999 90021 006 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N92000000250

1. Corporation Name

FLORIDA-NEPAL ASSOCIATION, INC.

935993 - 90021 - 6

Principal Place of Business
 6320 NW 33RD TERRACE
 GAINESVILLE FL 32606

Mailing Address
 1368 MALLARD LANDING BLVD.
 JACKSONVILLE FL 32259
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/13/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3152163	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAMSAL, RAJEEB K 1368 MALLARD LANDING BLVD. N. JACKSONVILLE FL 32259				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			FL

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	1.1 TITLE	SD
NAME	SHUKLA, SAROJ	1.2 NAME	
STREET ADDRESS	5225 N.W. 64TH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Information Secretary
NAME	LAMSAL, RAJEEB	2.2 NAME	Bijaya Kattel
STREET ADDRESS	1368 MALLARD LANDING BLVD. N.	2.3 STREET ADDRESS	1638 Hawthorne Pl
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	T	3.1 TITLE	Member at Large
NAME	SHRESTHA, SUNDAR D	3.2 NAME	Subarna Malakar
STREET ADDRESS	8203 N.W. 31ST AVE., APT. G-45	3.3 STREET ADDRESS	10217 S.W. 12th Place
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32607
TITLE	SD	4.1 TITLE	VPD
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	5.1 TITLE	Member at Large
NAME	PANT, ANU	5.2 NAME	Archarna Kattel
STREET ADDRESS	1950 PAINE AVE., APT. 31	5.3 STREET ADDRESS	1638 Hawthorne
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	VPD	6.1 TITLE	PD
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)(l), 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, with all other like empowered.

SIGNATURE: REDHARMA ACHARYA 4/27/1999 904-366-4374
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)