FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB -8 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000377 (3)

1. Corporation Name
ARYAMETTEYO TEMPLE, INC.

Principal Place of Business	Mailing Address
11835 47TH ROAD NORTH WEST PALM BEACH FL 33411	11835 47TH ROAD NORTH WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992	3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0409128	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
ARYA, ANGEL 11835 47TH ROAD NORTH WEST PALM BEACH FL 33411	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transmitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	ARYA, ANGEL	1.2 NAME	
STREET ADDRESS	11835 47TH ROAD NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33411	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	SAVANNOKEI, VORASANE	2.2 NAME	
STREET ADDRESS	1258 E. LORENA AVE. #101	2.3 STREET ADDRESS	11835 47TH ROAD NORTH
CITY-ST-ZIP	FRESNO CA 93706	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	ARYA, ANDY	3.2 NAME	
STREET ADDRESS	11835 47TH ROAD NORTH	3.3 STREET ADDRESS	11835 47TH ROAD NORTH
CITY-ST-ZIP	W. PALM BEACH FL 33411	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SINNOLAI, KHAMPHOUI	4.2 NAME	NO LONGER WITH CORPORATION
STREET ADDRESS	382 SEAVIEW AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT CT	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	SENGSAVANG, PHENG	5.2 NAME	
STREET ADDRESS	693 OGDEN STREET	5.3 STREET ADDRESS	693 OGDEN STREET
CITY-ST-ZIP	~~BRIDGEPORT, CT 06608~~	5.4 CITY-ST-ZIP	BRIDGEPORT, CT 06608
TITLE	2EA	6.1 TITLE	☐ Change ☐ Addition
NAME	2-8	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	# Deposited by Bank
CITY-ST-ZIP		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)(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: Angel Arya 1.17.1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048486