RECORDS OF THE CORPORATION WILL BE DISSOLVED OR, OR AFTER SEPTEMBER 30, 1998, ADMINISTRATIVELY DISSOLVED PURSUANT TO FLORIDA STATUTES

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # N95000004489 (9)

1 Corporation Name

INSTITUTE OF MAHAYOGA & NATURAL HYGIENE, INC.

Principal Place of Business:
6651 CUSTER STREET
HOLLYWOOD FL 33024

Mailing Address:
6651 CUSTER STREET
HOLLYWOOD FL 33024

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

FILED
Oct 08 1998 8:00am
Secretary of State

3 Date Incorporated or Qualified
09/20/1995

4 FEI Number
65-0615238 | | 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 Is this nonprofit corporation a homeowners association? | | Yes | | No

8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | Yes | | No

9 **Name and Address of Current Registered Agent**

SARMA, ARUN A
6651 CUSTER STREET
HOLLYWOOD FL 33024

10 **Name and Address of New Registered Agent**

81 Name: SHARMA ARUN
82 Street Address (P.O. Box Number is Not Acceptable): 6651 CUSTER STREET
83 HOLLYWOOD
84 City: HOLLYWOOD FL 85 Zip Code: 33024

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 I accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Signature of a New Officer or Director for the Registered Agent Change, if applicable (Not the Registered Agent signature required below/if applicable) DATE

12 OFFICERS AND DIRECTORS

TITLE	PD	[✓] DELETE
NAME	SARMA, ARUN A	
STREET ADDRESS	6651 CUSTER STREET	
CITY ST ZIP	HOLLYWOOD FL 33024-1946	
TITLE	STD	[ ] DELETE
NAME	SARMA, GIRIJA	
STREET ADDRESS	6651 CUSTER STREET	
CITY ST ZIP	HOLLYWOOD FL 33024-1946	
TITLE	D	[✓] DELETE
NAME	SARMA, SIVA K	
STREET ADDRESS	6651 CUSTER STREET	
CITY ST ZIP	HOLLYWOOD FL 33024-1946	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13

11 TITLE	PRESIDENT, DIRECTOR	[✓] Change [ ] Addition
12 NAME	ARUN SHARMA ARUN	
13 STREET ADDRESS	6651 CUSTER STREET	
14 CITY ST ZIP	HOLLYWOOD, FL 33024	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	DIRECTOR	[✓] Change [ ] Addition
32 NAME	SHARMA SIVA K	
33 STREET ADDRESS	6651 CUSTER STREET	
34 CITY ST ZIP	HOLLYWOOD, FL 33024	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

15 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 of Changed, or on an attachment with an address.

(954)761-2590

SIGNATURE: ARUN SHARMA, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Phone #

98 OCT -8 AM 8:00