FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name N95000004964 (1)

FLORIDA INDO - CULTURAL SOCIETY INC.

FILED Apr 24 1998 8:00am Secretary of State

, , , , , ,						
Principal Place of Business		Mailing Address	Mailing Address			##INF BIBIG IBIIO BIIII BIBA PORI
C/O MANOHAR R. MAHAJAN 13704 SW 83RD CT. MIAMI FL 33158		13704 SW 83RD CT.			3. Date Incorporated or Qualified 10/19/1995	
MINMI FL 33130		MIAMI FL 33158			4. FEI Number	Applied For
3 D-111 D	lana a/ C	Da Marilland			65-0625344	Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26	<u> </u>		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required
22		27	 		Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	9	City & State			7. Is this nonprofit corporation a homeowr	ners association?
23		28			☐ Yes ☐ No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. 10. Name and Address of New Registers	∐ Yes ∐ No
e. Heline and Address of Current Registered Agent				Name	10. Name and Address of New Adgisters	a Agent
444444	N MANOUAD D		81			
MAHAJAN, MANOHAR R 13704 SW 83 CT.			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
MAM! FL			83			
eviersitii i L	. 00100		-	0		1551 - 5 ·
			84	City	F	85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abo office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statut 					poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	mamiliar with, and accept the	obligations of, Section 617.0503, Flo	rica Statutes	s.		
SIGNATURE _	Signature, typed or printed name of registr	ered agent and title if applicable (NOTE	: Registered Age	nt signature requir	red when reinstating) DATE	
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	MAHAJAN, MANOHAR R		1.2 NAME			
STREET ADDRESS	13704 SW 83RD CT.		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY - S	T-ZIP		
TITLE	D					☐ Change ☐ Addition
NAME	RAMBARAN, PARAS R		2.2 NAME			
STREET ADDRESS	0.00		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL 33189		2.4 C/TY-5	31 - ZIP		Change Addition
NAME			3.2 NAME	Ì		C change C Mantion
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY - 5			
TITLE	***************************************	DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		ļ

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 suppliemental 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:

Manohar R. Halopuy/14/98 1305) 661-6707