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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004964 1. Corporation Name

| Principal Place of Business |
|-----------------------------|
| C/O MANOHAR R. MAHAJAN |
| 13704 SW 83RD CT. |
| MIAMI FI 33158 |

FILED Mar 16, 1999 8:00 am § Secretary of State

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| FLORIDA INDO - CULTURAL SOCIETY INC. | | | | | | | | 251301 | | | | | | | |
|---|--|----------|--|--------------|-------|-----------|----------|---------------------|----------------|----------|--------|----------|----------------|-------------|--|
| Principal Place of Business C/O MANOHAR R. MAHAJAN 13704 SW 83RD CT. MIAMI FL 33158 | | | Mailing Address C/O Manohar R. Mahajan 13704 SW 83RD CT. Miami FL 33158 | | | | | | | | | | | | |
| 2. Principal P | lace of Business | | · Mailing Address | | | | | Date Incorpora | ted or Qualife | #d | | | | | |
| 4] | NGC CT EGENTOSE | - | 26 | | | | | 10/19/1995 | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 4. FEI Number | | | | | Applied For | | |
| 2 | | | 27 | | | | | 65-0625344 | 4 · | · | | | Not Applicable | | |
| City & State | | | City & State | | | | | 5. Certifcate of St | tatus Desired | | | T | | lditional | |
| 3 | | | 28 | | | | | Continued to Cr | | | | | e Req | | |
| Zip | Country | \vdash | Zip | | ntry | | | 6. Election Camp | _ | g 🗆 | | | | /lay Be | |
| 4 | 25 | 29 | | 30 | | | | Trust Fund Cor | | | | | led to | Fees | |
| | 9. Name and Address of Curren | t Regi: | stered Agent | | 81 | Name | | 10. Name and Ad | dress of Nev | / Regist | ered A | gent | | | |
| | | • | | | 01 | Name | | | | | • | | | | |
| | I, MANOHAR R | | | | 82 | Street | Addres | ss (P.O. Box Numbe | r is Not Acce | ptable) | | | | | |
| 13704 SW | | | | | 83 | | | | | | | | | | |
| miami fl | 33158 | | | | 63 | | | | | ٠ | | • | | | |
| | | | | | 84 | City | | | | | EI | 85 | Zip C | ode | |
| agent. I a SIGNATURE | to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agent | tions o | r, Section 617.U5U3, FR | : Registered | uies | • | | when reinstating) | ····· | DA | ATE | | | | |
| 12. | OFFICERS AN | D DIRE | | 13. | | | | ADDITIONS/CH | ANGES TO | FFICE | | | | | |
| TITLE | D | | ☐ DELETE | 1,1 Ti | TLE | | | | | | | Chai | nge | Addition | |
| NAME | MAHAJAN, MANOHAR R | | | 1.2 N | ME | | | | | • | •• | | | | |
| STREET ADDRESS | 13704 SW 83RD CT. | | | 1.3 S | REET | ADDRESS | | | | | | : | | | |
| CITY-ST-ZIP | MIAMI FL 33158 | | | _ | TY-S | r-ZiP | | | | | | | | C Addition | |
| TITLE | D | | ☐ DELETE | 2.1 TI | TLE | | | | | | | Char | nge | ☐ Addition | |
| NAME | RAMBARAN, PARAS R | | | 2.2 N | AME | | | | • | | | | .: | | |
| STREET ADDRESS | 9701 MARTINIQUE DR. | | | 2.3 S | REET | ADDRESS | | | • | , | | | | | |
| CITY-ST-ZIP | MIAMI FL 33189 | | Boston | | _ | T-ZIP | _ | | | 1.5 | | Chai | 200 | Addition | |
| TITLE | D | | 🔀 DELETE | 3.1 T | | | P | RASWATI | SWAH | II B | | ДСП | iige | | |
| NAME | SEEPERSAUD, NARESH | | | 3.2 N | | | 770 | 170 SW | 1344 | terr | ace | 4 | | | |
| STREET ADDRESS | 11250 SW 200 STREET | | | | | ADDRESS | 7 | iami) Fl | | | • • | | ; | : | |
| CITY-ST-ZIP | MIAMI FL | | ☐ DELETE | 3.4. C | | T-ZIP | | 1 - 1 - 1 | | <u> </u> | | ☐ Cha | nge | Addition | |
| TITLE | | | | | AME | | | | | | | | _ | | |
| NAME | | | | | | , VDUDEGE | | | | | ٠. | ٠, | • | | |
| STREET ADORESS | | | | | | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 5.1 TI | TY-S' | 1-ZIP | | | | | | ☐ Char | nge | ☐ Addition | |
| NAME | | | — | 5.2 N | | | | | ٠. | • | • | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | | | | |
| | | | | 5.4 C | TY-S | T-ZIP | | | | | • | ٠, | , | : | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 6.1 T | TLE | | <u> </u> | | | ` | : . | Cha | nge | Addition | |
| NAME | | | _ | 6.2 N | AME | | | | : | | * * | | • | | |
| STREET ADDRESS | | | | 6.3 S | TREE1 | ADDRESS | | | | | | | | | |
| 0.774.07.785 | | | | 6.4 C | TY-S | 7-73P | | | | | | | | | |

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, with all other like synpoyed.

SIGNATURE:

Manohae Ne ThatajonEQL