NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90005 009 ****70.00

DOCUN 1. Corporation	MENT # N95000							
AVALOK	(ITESHVARA BUDDIST STU	DY CENTER, INC.						ļ
Principal Place	of Business	Mailing Address			60901	9 - 90005 - 9		
7550 S.W. 82ND COURT - 7550 S.W. 82ND CONTR. "				; Š				
FORTE	DIERCE FL. 3494	7-1541 Fort Pie	ren, A	3495	V-0596.			
2. Principal P	lace of Business	2a. Mailing Address	-		Date Incorporated or Qualifed 11/20/1995			
Suite, Apt.			,		4. FEI Number	_		lied For
22		27			65-0781042	-/-		Applicable
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
Zip	Zip Country Zip		Country		Election Campaign Financing Taust Stand Contribution		\$5.00 M Added to	•
24	25	Pagistand Agent	[36]		10. Name and Address of New Re	gistered Age		1 003
	9. Name and Address of Current	Kedisteled Whenr	81	Name		<u> </u>		
11001 14	notate i			51 -51	Address (B.O. Boy Number is Not Acceptable	10)		
MORA, MICHAEL J 701 N.W. 57TH AVENUE			34	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200			83	4				}
MIAMI FL 33143			84	84 City 8			85 Zip Code	
		5		,		<u> </u>	<u> </u>	-1-1-1-1
11. Pursuant	to the provisions of Sections 617.0502 enistered agent, or both, in the State of	and 617.1508, Florida Statut If Florida, Such change was a	les, the abov	the come	corporation submits this statement for the programmes board of directors. I hereby accept	the appointm	ent as regi	istered
	m familiar with, and accept the obligati		•		corporation submits this statement for the praction's board of directors. I hereby accept			
SIGNATURE	Signature, typed or printed rame of registered agent	and title if applicable. (NOTE	Registered Age		equited when reinstating)	DATE]
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE) DIRECTORS	Registered Age			DATE CERS AND D]
SIGNATURE 12. TITLE	Signature, typed or printed name of registored agent OFFICERS AND	and title if applicable. (NOTE	Registered Age 13.		equited when reinstating)	DATE CERS AND D	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registored agent OFFICERS AND D THIEN, NGUYEN PHD	and title if applicable. (NOTE) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME		equited when reinstating)	DATE CERS AND D	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registored agent OFFICERS AND D THIEN, NGUYEN PHD 7550 S.W. 82ND COURT	and title if applicable. (NOTE) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature n	equited when reinstating)	DATE CERS AND L	DIRECTOR Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP	OFFICERS AND OFFICERS AND THIEN, NGUYEN PHD 7550 S.W. 82ND COURT MIAMI FL 33143 D TENZIN, VEN G LOBSANG	and title if applicable. (NOTE D DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	nt signature n	ADDITIONS/CHANGES TO OFFI	DATE CERS AND L	DIRECTOR Change	RS IN 12 Addition
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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)(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 empowered.

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