08241999-90005-009-$70.00-$70.00

FILED
Aug 24, 1999 8:00 am
Secretary of State
08-24-1999 90005 009 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # · N95000005536

1. Corporation Name
AVALOKITESHVARA BUDDIST STUDY CENTER, INC.

Principal Place of Business	Mailing Address
~~7550 S.W. 82ND COURT~~ ~~MIAMI FL 33143~~ 321 LAMONT RD. FORT PIERCE, FL. 34947-1541	~~7550 S.W. 82ND COURT~~ ~~MIAMI FL 33143~~ P.O. BOX 596 Fort Pierce, FL. 34954-0596.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/20/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0781042 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MORA, MICHAEL J
701 N.W. 57TH AVENUE
SUITE 200
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THIEN, NGUYEN PHD		1.2 NAME		
STREET ADDRESS	7550 S.W. 82ND COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	TENZIN, VEN G LOBSANG		2.2 NAME	QUOCDUNG V. LE, M.S.	
STREET ADDRESS	2534 BROOKWOOD DRIVE		2.3 STREET ADDRESS	6940 NW 186 ST. APT. #425.	
CITY-ST-ZIP	ATLANTA GA 30305		2.4 CITY-ST-ZIP	MIAMI, FL, 33015	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TU, NGUYEN M.D.		3.2 NAME		
STREET ADDRESS	15501 BRUCE B. DOWIS BLVD., #3907		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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.

SIGNATURE: ~~SIGNATURE~~ REQUIRED Aug. 16, 1999 561-595-5915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fax 561-595-5916