

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001908 (0)

1. Corporation Name

NAVA KERALA ARTS CLUB, INC.



Principal Place of Business 9026 NW 24TH COURT CORAL SPRINGS FL 33065 US	Mailing Address 9026 NW 24TH COURT CORAL SPRINGS FL 33065-5105
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2. Principal Place of Business 21 9026 NW 24th Ct Suite, Apt. #, etc. 22 COR	2a. Mailing Address 26 9026 NW 24th Ct Suite, Apt. #, etc. 27 CORAL SPRINGS City & State 28 CORAL SPRINGS City & State 29 FL 33065 Zip 30 BROWARD Country
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3. Date Incorporated or Qualified 02/17/1995	3a. Date of Last Report 07/08/1996
4. FEI Number 65-0558290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NIRAVEL, ANANDAN 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name NIRAVEL ANANDAN 82 Street Address (P.O. Box Number is Not Acceptable) 9026 NW 24th Ct 83 84 City CORAL SPRINGS FL 85 Zip Code 33065
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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: NIRAVEL ANANDAN DATE: 4/24/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NINAN, CH ERIAN	1.2 NAME	NICHOLAS VARGHESE
STREET ADDRESS	4630 ROTHCHILD DR	1.3 STREET ADDRESS	4040 NW 106 DR
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIRAVEL, ANANDAN	2.2 NAME	RAJ KURUP
STREET ADDRESS	9026 NW 24TH CT	2.3 STREET ADDRESS	14621 HIGHLAND SPRING CT
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	DAVIE FL 33325
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAIR, GOPINATHAN	3.2 NAME	THOMAS VARGHESE
STREET ADDRESS	4661 NW 88 DR	3.3 STREET ADDRESS	2144 NW 114 TERR
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: NICHOLAS VARGHESE DATE: 4/24/97 954 341 7325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0022335

CR2E037 (9/96)