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FILED  
Aug 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 96000002812  
1. Corporation Name  
SOUTH FLORIDA TELUGU ASSOCIATION

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 PLANTATION		26 11401 N MOUNT VERNON DRIVE		5/28/96			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-066 8043		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28 PLANTATION FL		<input checked="" type="checkbox"/>			
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
25 Country		30 Country		<input type="checkbox"/>			
24		29 33325		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name SHANTI RAJU KALIDINDI			
				82 Street Address (P.O. Box Number is Not Acceptable) 11401 N MOUNT VERNON DRIVE			
				83			
				84 City <del>XXXXX</del> PLANTATION FL 85 Zip Code 33325			

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 *K. Seant* SHANTI RAJU KALIDINDI, PRESIDENT 4/12/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE T	TRUSTEE	<input type="checkbox"/> DELETE	1.1 TITLE P	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SUBBARAO WUNNAVA		1.2 NAME	SHANTI RAJU KALIDINDI			
STREET ADDRESS	10425 SW 143 CT		1.3 STREET ADDRESS	11401 N MOUNT VERNON DRIVE			
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	PLANTATION FL 33325			
TITLE T	TRUSTEE	<input type="checkbox"/> DELETE	2.1 TITLE V	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOSE YALAMANCHILI		2.2 NAME	SHOBA REDDY			
STREET ADDRESS	6232 LEITNER DRIVE		2.3 STREET ADDRESS	8791 SW 85 TERRACE			
CITY-ST-ZIP	CORALSPRINGS FL 33067		2.4 CITY-ST-ZIP	MIAMI FL 33173			
TITLE T	TRUSTEE	<input type="checkbox"/> DELETE	3.1 TITLE S	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	K.K.N CHARATULU		3.2 NAME	RASESH ANJAPALI			
STREET ADDRESS	11403 SW 74TH PLACE		3.3 STREET ADDRESS	7370 SW 82 ST E120			
CITY-ST-ZIP	MIAMI FL 33158		3.4 CITY-ST-ZIP	MIAMI FL 33143			
TITLE T	TRUSTEE	<input type="checkbox"/> DELETE	4.1 TITLE	JOINT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAJU KALIDINDI		4.2 NAME	VEERANJANEYALU KONKA			
STREET ADDRESS	11401 N MOUNT VERNON DRIVE		4.3 STREET ADDRESS	7650 SW 82 ST #H202			
CITY-ST-ZIP	PLANTATION, FL 33325		4.4 CITY-ST-ZIP	MIAMI FL 33143			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE T	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	USHA POLAVARAJU			
STREET ADDRESS			5.3 STREET ADDRESS	4200 NW 26TH AVENUE			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL 33434			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME	500002266655			
STREET ADDRESS			6.3 STREET ADDRESS	-08/14/97--01002--031			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00			

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 appropriate signature.

SIGNATURE: *K. Seant* SHANTI RAJU KALIDINDI, TRUSTEE 954 474 4594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)