FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT

N96000003665 (4)

GANDHI REMEMBERED, INC.

Principal Plac	e of Business	Mailing	Mailing Address				- THE PRINCIPAL BION NAMED CONTRACTOR OF THE STATE OF THE
3450 S.W. 3RD AVENUE MIAMI FL 33145		3450 S.W. 3RD AVENUE MIAMI FL 33145-3914					
							3. Date Incorporated or Qualified 07/11/1996 3a. Date of Last Report
2. Principal P	lace of Business	2a. Mait	2a. Maiting Address				4. FEI Number 65-0676320 Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$0.75 a.m.
22		27					5. Certificate of Status Desired Fee Required
City & State	e	City & State					6. Election Campaign Financing \$5.00 May Be
Zip Country		28			. Intro		Trust Fund Contribution Added to Fees
24			30	untry		8. This corporation has liability for intengible tay under s. 199.032, Fiorida Statutes Yes W No	
24]	9. Name and Address of Current Regist		ered Agent				10. Name and Address of New Registered Agent
					81	Name	
MODY, SURESH C					82	Street An	Address (P.O. Box Number is Not Acceptable)
	W. 3RD AVENUE					Oli GOL AC	roundes (1.0. Don Normber to Not Abbeptable)
MIAMI F	L 33145						
					84	City	85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the					hove	-named co	Corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purple 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	in laninar with, and accept the obily	gations of, sec	MOT 6 17.0303, FI	JIIQA SIB	llules		· ·
SIGNATURE .	Signature typed or printed name of registered as	ent and title if appli	cable. (NOT	E: Registere	ed Age	nt signature re	equired when retraining) DATE
12.	OFFICERS AND D						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE 1.1 T		ITLE		☐ Change ☐ Addition
NAME	mobili odiscoli o		•		IAME		
STREET ADDRESS	0100 0111 0115 11151100				1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33145		DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	D DANCOU C						C Change C Addition
STREET AODRESS					IAME	ADDRESS	
CITY - ST - ZIP					2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	D		DELETE			<u>'' ''</u>	☐ Change ☐ Addition
NAME	MODY, RENU N 3.		3.2 N	AME			
STREET ADDRESS	A 194 A 151 A 198 A 1 1 1 1 1 1 1 1 1		3.3 \$		STREET	ADDRESS	
CiTY-ST-ZIP				3.4. CITY-ST-ZIP		iT-ZIP	
TITLE			☐ DELETE	4.1 T	ITLE		Change Addition
NAME				4.21	NAME		
STREET ADDRESS				4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				····	4.4 CITY-ST-ZIP		
TITLE				5.1 TITLE		Change Addition	
NAME STOCKT ADODGES					AME	1000000	
STREET ADDRESS						ADDRESS	
CITY - ST - ZIP TITLE			DELETE	5.4 C	ITY-S	I-ZIP	Change Addition
NAME					VAME		Similar Control
	İ					1	

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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MAUIRED

1/27/97 (305) 857-5000

FILED

Feb 14 1997 8:00am

Secretary of State