

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700004226

DIWATCH INTERNATIONAL FOUNDATION, INC.

Principal Place of Business

1632 39TH ST

WEST PALM BEACH FL 33407

Mailing Address

1632 39TH ST

WEST PALM BEACH FL 33407

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90007 050 \*\*\*\*61.25

-	AND SECTION OF THE PROPERTY OF	#1#1#  (#10   0 0 0 11  90

2. Principal Pi	ace of Business	Za. Mailing Address		07/24/1997			
21		26			4. FEI Number	1 1	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			52-1560046	II	Applicable
22		27			32-1300040		
City & State	9	City & State		5. Certificate of Status Desired	of Status Desired Sa.75 Additional Fee Required		
Zip	Country	Zip Country		6. Election Campaign Financing	\$5.00		
24	25	29 30		Trust Fund Contribution	Added to	o Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			81	Name			
VASHIST, PARMA N		82	82 Street Address (P.O. Box Number is Not Acceptable)				
1632 39TH ST			83				
WEST PALM BEACH FL 33407							
		84	City	FL	85 Zip C	]	
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							
	Signature, typed or printed name of registered agent a		egistered Agen	signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE			ADDITIONS/GIVINGEG TO GITTOERIG	Change	Addition
TITLE	DP	C DECEIE	1.1 TITLE			[_] S./.cg-	
NAME	VASHIST, PARMA N		1.2 NAME	}			\ \
STREET ADDRESS	1632 39TH ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407		1.4 CITY-ST	-ZIP			- A 4 /W
TITLE	D	☐ DELETE	2.1 TTLE		,	Change	Addition
NAME	CRENSHAW, KENNETH B		2.2 NAME	Ì			)
STREET ADDRESS	3175-SCONGRESS AVE., #301		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM SPRINGS FL 33461		2.4 CITY-S	r-ZIP			
TITLE	D ·	☐ DELETE	3.1 TITLE	-		Change	☐ Addition
NAME	ATTRI, RATIV		3.2 NAME	1			
STREET ADDRESS	928 S. FEDERAL HIGHWAY		3.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4. CITY-S	r-ZIP			
TITLE		☐ DELETE	4.1 TITLE		<del></del>	Change	☐ Addition ☐
NAME			4. 2 NAME	Į			
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				
_			5.3 STREET	ADDRESS			
STREET ADORESS			5.4 CITY-ST				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	<del></del>		Change	Addition
TITLE .			6.2 NAME			_ •	
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP			6.4 CITY-S	-2119	Carting 440 07/23/0) Elevido Statutos I further co	416 - 41 - 4 11 - 1	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

561-586-6771

Daytime Phone

(00/14/100)