FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N9700006315 (2)

GAYATRI MISSION USA, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										E TODATIBA BATA ADELL ERBET BETAT BODIT ORALL BÊTIA ORALD CLIEBE VICAT SERVE BATE FORL	
6600 N.W. 82 AVE. MIAMI FL 33166				6600 N.W. 82 AVE. MIAMI FL 33166						3. Date Incorporated or Qualified 11/07/1997	
										4. FEI Number Applied For 65-0793122 Not Applicable	
2. Principal F	Place of Busin	ness	26	2s. Mailing Address						5. Certificate of Status Desired S8.75 Additional	
21			26	······································						Fee Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State				City & State						7. Is this nonprofit corporation a homeowners association?	
Zip Country			28	Zip Country						Yes No 8. This corporation owes or has paid the current year Intangible	
24	25			30					Personal Property Tax due June 30. Yes No		
25 29 30 30 30 30 30 30 30 3										10. Name and Address of New Registered Agent	
							81	Name	1		
SINGH, RAM K							62	Street	et Address (P.O. Box Number is Not Acceptable)		
6600 N.W. 82 AVE. *MIAMLFL 33166							83	ļ			
MIAMLE	L 33166										
,							84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name								-named	corpor	ration 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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered / 12. OFFICERS AND DIRECTORS 13.								ent signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	OFFICERE	77465 271712		DELETE	1.1 16	TLE		P/		
NAME	NAME SINGH, RAM K				1.2 NA						
STREET ADDRESS 6800 N.W. 82 AVE.				1.3 \$			TREET	ADDRESS 6600 KW 82 AVE			
CITY-ST-ZIP MAMI FL 33166			·	1.4 CI			TY-S	T- <u>ZIP</u>	17	1 AMI FL. 33166	
TITLE	٧.			L] DELETE	2.1 Ti	TLE		V /	D Change M Addition	
NAME	AGARWAL, RAM P					2.2 NAM			A.C	GARWAL, RAMP	
STREET ADDRESS								ADDRESS	16	220 SW: 133 ST.	
CITY-ST-ZIP	P MIAMI FL 33156			DELETE 3.1 TO				ST - ZIP	3		
NAME	LINHARI	r. Richard V		3	3.2 N				ー・- u		
STREET ADDRESS							3.3 STREET ADDRESS			altart RICHARD V Olw. commercial BLVD. STEAE	
CITY-ST-ZIP_		DERDALE FL 333					ITY-S	ST-ZIP	FT	LAUDERDALE FL. 33319	
TITLE	T				DELETE	4 1 TI	TLE		T/	Change Addition	
NAME	SHARMA, ARUN					4.2 N	4. 2 NAME		124	ARMA, MRUN	
STREET ADORESS										SI CUSTER ST.	
City-St-ZIP					4.4 OIT			T - ZiP	HOL	-LYWOOD FL -33074	
TITLE	ļ			L	JUELLIE	5.1 T				☐ Change ☐ Addition	
NAME STREET ADDRESS						5.2 N		ADDRESS			
CITY-ST-ZIP	}				5.4 CITY						
TITLE				DELETE 6.1 TI				1-211	<u> </u>	☐ Change ☐ Addition	
NAME	}					6.2 N			1		
STREET ADDRESS						6 .3 S	TAEET	address			

14. Thereby 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:

4-20-98-305-591-3911 RAM KUMAR SINGH