

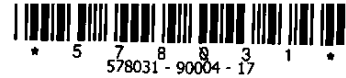
FILED

May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 018 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 98000002516

1. Corporation Name **TELUGU ASSOCIATION OF SOUTH FLORIDA, INC**
6225 SW KENDAL LAKES CIR, # D 154
MIAMI, FL 33183

578031 - 90004 - 17

Principal Place of Business Mailing Address
6225 SW KENDAL LAKES CIR, # D 154
MIAMI, FL 33183

| | | | | | |
|--------------------------------|------------------|-----------------------|------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 15726 SW 17th ST | 26 | 15726 SW 17th ST | 4/30/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0831624 | |
| 22 | | 27 | | Applied For | |
| City & State | | City & State | | Not Applicable | |
| 23 DAVIE, FL | | 28 DAVIE, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33326 Country USA | | Zip 33326 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 30 | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KRISHNA RAO KORAPATI | | 81 Name SHANTHI KALIDHINDI | |
| 6225 SW KENDAL LAKES CIR, #D154 | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| MIAMI, FL 33183 | | 15726 SW 17 STREET | |
| | | 83 | |
| | | 84 City DAVIE FL 85 Zip Code 33326 | |

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: R. S. S. S. DATE: 3/30/99
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | SEKHAR REDDY |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 3131 SW 21 ST |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | SRINIVAS KASAVARATU |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 6280 NW 173 ST # 1235 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIAMI, FL 33015 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | SRIDEVI THUMMALAPALLI |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 19673 NW 82 PI |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MIAMI, FL 33015 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | RATU KALIDHINDI |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 15726 SW 17 ST |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | DAVIE FL 33326 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | BOSE YALAMANCHI |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5232 LEITNER DR |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | CORAL SPRINGS FL 33067 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | U.S. PRASAD |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 121 PUFFIN CT |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 |

14. 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: T. S. S. S. SRIDEVI THUMMALAPALLI 3/30/99 (305) 556-2300
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)