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**Mar 11, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000002930**

1. Corporation Name

**BHAKTI FOUNDATION, INC.**

Principal Place of Business

8535 FRANJO ROAD  
MIAMI FL 33189

Mailing Address

8535 FRANJO ROAD  
MIAMI FL 33189



2. Principal Place of Business

21 3241 SW. 25 Ter.

2a. Mailing Address

26 P.O. Box 33-0972

3. Date Incorporated or Qualified

05/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0837601

Applied For

Not Applicable

City & State

23 MIAMI, FL

City & State

28 COCONUT GROVE, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

24 33133

Country

25 USA

Zip

29 32233

Country

30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PALLERES, RICARDO A  
8535 FRANJO ROAD  
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5017 IBIS PL.

83

COCONUT CREEK

84

City MIAMI

FL

85 Zip Code

33073

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PALLERES, RICARDO A  
STREET ADDRESS 8535 FRANJO ROAD  
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☒ DELETE  
NAME SCHOLZ, KILLIAN  
STREET ADDRESS 8535 FRANJO ROAD  
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ DELETE  
NAME SANTOS, RODOLFO DANIEL  
STREET ADDRESS 8535 FRANJO ROAD  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5017 IBIS PL. COCONUT CREEK  
1.4 CITY-ST-ZIP MIAMI, FL 33073

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DT ☒ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 3241 SW. 25 Ter.  
3.4 CITY-ST-ZIP MIAMI FL 33133

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DV ☐ Change ☒ Addition  
5.2 NAME MARIO PIGNA  
5.3 STREET ADDRESS 5017 IBIS PL.  
5.4 CITY-ST-ZIP MIAMI, FL 33073

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/2/99 (954) 725-7630  
Date Daytime Phone #

CR2E037 (11/98)