

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 27 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N06264 (8)

1. Corporation Name
THE TAMIL CULTURAL ASSOCIATION, INC.

Principal Place of Business Mailing Address
% IYAHNAR NAGAPOOLLAY **% IYAHNAR NAGAPOOLLAY**
6860 KIMBERLY BOULEVARD **6860 KIMBERLY BOULEVARD**
N LAUDERDALE FL 33068 **N LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1994	3a. Date of Last Report 07/27/1994
4. FEI Number 65-0138198	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent
NAGAPOOLLAY, IYAHNAR
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME NAGAPOOLLAY, IYAHNAR
STREET ADDRESS 6860 KIMBERLY BLVD	
CITY - ST - ZIP N LAUDERDALE FL	
TITLE STD	NAME NAGAPOOLLAY, VINU
STREET ADDRESS 6860 KIMBERLY BLVD.	
CITY - ST - ZIP N LAUDERDALE FL	
TITLE VO	NAME NAGAPOOLLAY, MOOKEN
STREET ADDRESS 902 NW 46TH ST	
CITY - ST - ZIP OAKLAND PARK FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VINU - IYAHNAR NAGAPOOLLAY
2.3 STREET ADDRESS	6860 KIMBERLY BLVD NORTH
2.4 CITY - ST - ZIP	LAUDERDALE FL 33068
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD STOPHER RAY
3.3 STREET ADDRESS	9404 NW HS ST
3.4 CITY - ST - ZIP	SUNRISE FL 33345
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600001526806
4.3 STREET ADDRESS	-06/29/95--01036--009
4.4 CITY - ST - ZIP	*****70.00 *****70.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

Handwritten notes: 6/27/95, NLA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **6-1-95** TIME: **3:05** TELEPHONE: **974-7219**

CR2E037 (3/95)