

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N47148 (4)
1. Corporation Name
ANGEL LOVE CHILDREN CORPORATION

Principal Place of Business: 7904 WEST DR. #606 NORTH BAY VILLAGE MIAMI BEACH FL 33141
Mailing Address: 7904 WEST DR. #606 NORTH BAY VILLAGE MIAMI BEACH FL 33141-5522



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

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 03/14/1996
4. FEI Number: 65-0310463
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LENDIC, ANGELO
7904 WEST DRIVE, #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name: LENDIC, ANGELICA
82 Street Address (P.O. Box Number is Not Acceptable): 7906 WEST DRIVE, #606
83
84 City: NO. BAY VILLAGE FL 85 Zip Code: 33141

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]* DATE: 3/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: LENDIC, ANGELO STREET ADDRESS: 7904 WEST DRIVE, #606 CITY-ST-ZIP: MIAMI BEACH FL	1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: LENDIC, ANGELICA STREET ADDRESS: 7904 West Drive, #606 CITY-ST-ZIP: No. Bay Village, FL 33141
TITLE: VD <input type="checkbox"/> DELETE	NAME: LENDIC, ANGELICA STREET ADDRESS: 7904 WEST DRIVE, #606 CITY-ST-ZIP: NORTH BAY VILLAGE FL 33141	2.1 TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: BLANCO, OLGA STREET ADDRESS: 630 N.W. 195 Ave. CITY-ST-ZIP: Pembroke Pines, FL 33029
TITLE: V <input checked="" type="checkbox"/> DELETE	NAME: LENDIC, MARIA STREET ADDRESS: 780 NW 112TH ST CITY-ST-ZIP: MIAMI FL	3.1 TITLE: VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: OTERO, TERESA STREET ADDRESS: 527 E. 9th St., STE 7 CITY-ST-ZIP: HIALEAH, FL
TITLE: VTD <input type="checkbox"/> DELETE	NAME: OTERO, TERESA STREET ADDRESS: 527 E. 9TH STREET, SUITE 7 CITY-ST-ZIP: HIALEAH FL	4.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: PORTOCARRERO, MARIELA STREET ADDRESS: 760 N.W. 112 St. CITY-ST-ZIP: Miami, FL 33168
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: LAINEZ, ALEIDA STREET ADDRESS: 930 HIALEAH DR., #15 CITY-ST-ZIP: HIALEAH FL	5.1 TITLE: MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ARDILA, JORGE A. STREET ADDRESS: 439 lakeview Dr. B86-202 CITY-ST-ZIP: Sunrise, FL 33326
TITLE: SD <input type="checkbox"/> DELETE	NAME: PORTOCARRERO, MARIELA STREET ADDRESS: 780 NW 112 ST. CITY-ST-ZIP: MIAMI FL 33168	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE: *[Signature]* DATE: 3/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **REQUIRED**
Daytime Phone # 0029865

CP2E037 (9/96)