

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001507 (9)

1. Corporation Name

SISTERS AND BROTHERS FOREVER, INC.



Principal Place of Business: 5870 SW 8TH ST., STE. 4 MIAMI FL 33144  
Mailing Address: 5870 SW 8TH ST., STE. 4 MIAMI FL 33144

3. Date Incorporated or Qualified: 03/18/1997  
4. FEI Number: 65 - 0750853  
Applied For: Not Applicable

2. Principal Place of Business: 21 2460 SW. 8 ST. MIAMI, FL. 24 33135  
2a. Mailing Address: 26 2460 SW. 8 ST. MIAMI, FL. 27 MIAMI, FL. 28 MIAMI, FL. 29 33135 30 MIAMI DADE

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: COUTO, RAMON 5870 SW 8TH ST., STE. 4 MIAMI FL 33144

10. Name and Address of New Registered Agent: 81 Name: RAMON COUTO 82 Street Address (P.O. Box Number is Not Acceptable): 2460 SW. 8 ST. 83 MIAMI 84 City: MIAMI 85 Zip Code: FL 33135

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: *Ramon Couto* DATE: 4/30/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COUTO, RAMON	
STREET ADDRESS	88 E 84 ST.	
CITY-ST-ZIP	HALEAH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TRUEBA, CARMINA	
STREET ADDRESS	1545 TRILLO AVE.	
CITY-ST-ZIP	CORAL GABLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLARRETA, JOSE L	
STREET ADDRESS	9032 SW 78 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEGUNDA, ALFREDO	
STREET ADDRESS	12925 SW 14 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCEDES, BARRERA	
STREET ADDRESS	10020 SW 39 TER.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUIS, BAZO	
STREET ADDRESS	11490 SW 24 ST.	
CITY-ST-ZIP	MIAMI FL 33165	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT SEGUROLA ALFREDO
4.3 STREET ADDRESS	12925 SW 14 ST
4.4 CITY-ST-ZIP	MIAMI FL
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	

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.

SIGNATURE: *Alfredo Segurola* Treasurer 04-30/98

CR2E037 (10/97)