

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001894 (1)**

1. Corporation Name
TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business 2613 E LEXINGTON DR MIRAMAR FL 33025	Mailing Address 2613 E LEXINGTON DR MIRAMAR FL 33025
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3. Date Incorporated or Qualified 04/04/1997	
4. FEI Number 65-0746662	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 520 NW 157th Street	2a. Mailing Address 26 520 NW 157th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CYRUS-PEREZ, MAVIS
2613 E LEXINGTON DR
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

81 Name Agatha Samuel	
82 Street Address (P.O. Box Number is Not Acceptable) 520 NW 157th Street	
83	
84 City Miami	85 Zip Code FL 33169

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 *Agatha Samuel* **AGATHA SAMUEL** 3/11/98 (305) 325 4878

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	<input checked="" type="checkbox"/> DELETE
NAME CYRUS-PEREZ, MAVIS	
STREET ADDRESS 2613 E LEXINGTON DR	
CITY-ST-ZIP MIRAMAR FL 33025	
TITLE D	<input type="checkbox"/> DELETE
NAME SAMUELS, AGATHA	
STREET ADDRESS 520 NW 157 ST	
CITY-ST-ZIP MIAMI FL 33169	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CHRISTIAN, BEVERLY	
STREET ADDRESS 85 NE 212 TERR	
CITY-ST-ZIP N MIAMI BEACH FL 33179	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Agatha Samuels	
2.3 STREET ADDRESS 520 NW 157th Street	
2.4 CITY-ST-ZIP Miami, FL 33169	
3.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Patricia Edwards	
3.3 STREET ADDRESS 10821SW 31 Court	
3.4 CITY-ST-ZIP Miami, FL 33328	
4.1 TITLE D/V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Marilyn Lendor	
4.3 STREET ADDRESS 971 SW 101st Terrace	
4.4 CITY-ST-ZIP Pembroke Pines, FL 33025	
5.1 TITLE D/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Cheryl Dalrymple	
5.3 STREET ADDRESS 18610 NW 8th Avenue	
5.4 CITY-ST-ZIP Miami, FL 33169	
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: *Agatha Samuel* **AGATHA SAMUEL** 3/11/98 (305) 325 4878

CR2E037 (10/97)