


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90063 023 \*\*\*\*70.00

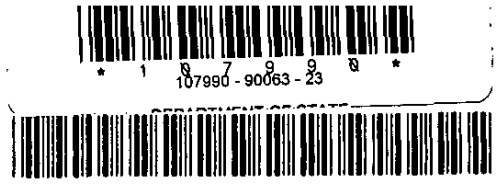
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001894**

1. Corporation Name

**TRINIDAD & TOBAGO NURSES ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business 520 NW 157TH ST MIAMI FL 33025 US	Mailing Address 520 NW 157TH ST MIAMI FL 33025 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/04/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0746662
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SAMUEL, AGATHA 520 NW 157TH ST MIAMI FL 33169				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENDOR, MARILYN	1.2 NAME	
STREET ADDRESS	971 SW 101ST TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, AGATHA	2.2 NAME	
STREET ADDRESS	520 NW 157TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, PATRICIA	3.2 NAME	
STREET ADDRESS	10821 SW 51 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33328	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALRYMPLE, CHERYL	4.2 NAME	
STREET ADDRESS	18610 NW 8TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris Date: 2/23/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)