FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

THE PROPERTY OF THE PARTY OF THE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004912 (8)

EL BUEN PASTOR DE BROWARD INC.

3270 NW 22ND AVE

OAKLAND PARK FL 33309

3270 NW 22ND AVE 3270 NW 22ND AVE 3. Date Incorporated or Qualified **OAKLAND PARK FL 33309** OAKLAND PARK FL 33309 08/29/1997 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional prospect a Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May 8e ste 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? **⊿**No 23 Yes Yes Zip 8. This corporation owes or has paid the current year intangible 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PACHECO, ALI 82 Street Address (P.O. Box Number is Not Acceptable) 3270 NW 22ND AVE 83 OAKLAND PARK FL 33309 84 City 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. Jam familiar with and accept the obligations of, Section 617.0503, Florida Statutes. Jahuna? V otosma ALMENAR gistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE ☐ Change Addition PACHECO, ALI 1.2 NAME MALE 3270 NW 22ND AVE STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ALMENAR-PACHECO, RAQUEL 2.2 NAME 3270 NW 22ND AVE STREET ADDRESS 2.3 STREET ADDRESS OAKLAND PARK FL 33309 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE PACHECO, ELENA NAME 3.2 NAME

14. Thereby 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 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

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Vacarement !!

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(954) 485 8560

☐ Change

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FILED

Mar 30 1998 8:00am

Secretary of State