

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000011835 (3)**

1. Corporation Name  
**THE SISTERS, CORP.**



Principal Place of Business: **9905 PINES BLVD. PEMBROKE PINES FL 33025**  
Mailing Address: **9905 PINES BLVD. PEMBROKE PINES FL 33025**

3. Date Incorporated or Qualified: **02/14/1994**  
3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **65-0463453**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**GONZALEZ, IRVING J ESQ.  
4431 SW 74 AVE SUIT 112  
DAVE FL 33314**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	VILARINO, ANTONIO	
STREET ADDRESS	9905 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	VILARINO, NILDA E.	
STREET ADDRESS	9905 PINES BLV.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	OFFICER	<input type="checkbox"/> DELETE
NAME	VILARINO, MIRIAM	
STREET ADDRESS	9905 PINES BLV	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	OFFICER	<input type="checkbox"/> DELETE
NAME	VILARINO, CARMEN	
STREET ADDRESS	9905	
CITY-ST-ZIP		
TITLE	OFFICER	<input type="checkbox"/> DELETE
NAME	VILARINO, NILDA A	
STREET ADDRESS	9905 PINES BLV	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	OFFICER	<input type="checkbox"/> DELETE
NAME	VILARINO, VILMA V.	
STREET ADDRESS	9905 PINES BLV	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VILARINO, IRIKA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	9905 PINES BLV	
13 STREET ADDRESS	PEMBROKE PINES FL	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **5/1/96** **954-431-6883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)