

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 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 # **N51329** (3)
1. Corporation Name
STO. NINO SHRINE USA, INC.



Principal Place of Business 4515 W. HANNA AVENUE TAMPA FL 33614	Mailing Address 4515 W. HANNA AVENUE TAMPA FL 33614
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3. Date Incorporated or Qualified 10/19/1992	
4. FEI Number 59-3144379	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. 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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent DE LA CRUZ, NILDA G. 547 TALLAHASSEE DRIVE, NE ST. PETERSBURG FL 33702
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	BILBAO, EDGARDO A.
CITY-ST-ZIP	4515 W. HANNA AVE TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	DOMPOR, FATIMA REGENCI
CITY-ST-ZIP	2004 E. HILLSBOROUGH AVE. TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	DEL LA CRUZ, NILDA G.
CITY-ST-ZIP	547 TALLAHASSEE DR NE ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	MOSQUERA, BENJAMIN P.
CITY-ST-ZIP	681 BAY LAUREL CT ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	RAFFINAN, JOSE
CITY-ST-ZIP	2625 WESTVIEW CT CLEARWATER FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Osaka Dr.
2.3 STREET ADDRESS	1629 Carter
2.4 CITY-ST-ZIP	Valrico, FL 33594
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: _____ 4/15/98 (813) 288-3437

CR2E037 (10/97)