

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90149 002 ****61.25

DOCUMENT # N93000005155

1. Corporation Name

SPIRARE, INC.

Principal Place of Business

10120 SW 107TH AVE
MIAMI FL 33176
US

Mailing Address

10120 SW 107 AVE
MIAMI FL 33176
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0452118

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, SAMUEL E
820 NW 87TH AVE.
APT. 203
MIAMI FL

81 Name Donald J Phillips

82 Street Address (P.O. Box Number is Not Acceptable)

9330 SW 66 ST

83

84 City Miami

FL

85 Zip Code 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME REDDEN, MAURA
STREET ADDRESS 14845 SW 114
CITY-ST-ZIP MIAMI FL 33196

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME MOSHER, MICHAEL
STREET ADDRESS 22820 SW 179 PL
CITY-ST-ZIP MIAMI FL 33170

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DST
NAME PHILLIPS, STEVE
STREET ADDRESS 9141 SW 72 AVE
CITY-ST-ZIP MIAMI FL 33156

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

Phillips, Donald J
9330 SW 66 ST
Miami FL 33173

TITLE D
NAME CASAGRANDE, R
STREET ADDRESS 7745 SW 118 PL
CITY-ST-ZIP MIAMI FL 33183

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CRONIN, MORGAN
STREET ADDRESS 13334 SW 104 TERR
CITY-ST-ZIP MIAMI FL 33186

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SPIRARE REDDEN, MAURA Donald J. Phillips 4/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0034604