2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51329

Entity Name: STO. NINO SHRINE USA, INC.

Current Principal Place of Business:

20832 CEDAR BLUFF PL LAND O'LAKES, FL 34538

Current Mailing Address:

P.O.BOX 271662

CARROLLWOOD, FL 33688

FEI Number: 59-3144379 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA CRUZ, NILDA 547 TALLAHASSEE DR NE ST. PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 08, 2020

Secretary of State

8045442261CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

NameBILBAO, EDGARDO MR.NameCOLINA, LEDWINA DR.Address20832 CEDAR BLUFF PLAddress4355 BURNBERRY GLEN CT.

City-State-Zip: LAND O'LAKES FL 34538 City-State-Zip: SPRINGHILL FL 34609

Title PRESIDENT Title T/D

Name BAYANI, ANTONIO DR Name DE LA CRUZ, NILDA

Address 14650 VILLAGE GREEN CIRCLE Address 547 TALLAHASSEE DR NE
City-State-Zip: TAMPA FL 33618 City-State-Zip: ST PETERSBURG FL 33702

Title D Title D

NameRACOMA, HELENNameRAFFINAN, MARIA DRAddress17306 EQUESTRIAN TRAILAddress2625 WESTVIEW DR.City-State-Zip:ODESSA FL 33556City-State-Zip:CLEARWATER FL 33761

Title SECRETARY Title DIRECTOR

Name REYNES, CAROL R Name ALQUIZOLA, FLORENDA DR.

Address 940 LIVE OAK AVE. Address 17410 HIALEAH DR

City-State-Zip: ST. PETERSBURG FL 33703 City-State-Zip: ODESSA FL 33556-1852

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NILDA DE LA CRUZ TREASURER 03/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title VP

Name NAVARRO, MARILYN Name BILBAO, SUSAN N

Address 4551 WALNUT RIDGE RD Address 20832 CEDAR BLUFF PL

City-State-Zip: LAND O'LAKES FL 34638-3711 City-State-Zip: LAND O'LAKES FL 34638-3711