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NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

1996

DOCUMENT # 710951

1. Corporation Name

(5)

MIRACLE REVIVAL CENTER, INC.

Principal Place of B	Delicas	<u></u>					
Principal Place of B	susiriess	Mailing Address  935 NW 49TH ST					
MIAMI FL 33127		MIAMI FL 33127					
U\$		US			3. Date Incorporated or Qualified 05/31/1966	3a. Date of 03/0	Last Report <b>8/1995</b>
2. Principal Place of	of Business	2a. Mailing Address			4. FEI Number	·	Applied For
7		26			65-0134801		Not Applicab
Suite, Apt. #, etc	с.	Suite, Apt. #, etc.			5. Certificate of Status Desired	-	3.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	1 1	5.00 May Be Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for		ler s. 199.032,
1	25	29	30		Florida Statutes	☐ Yes ☐ No	
9.	Name and Address of Curre	ent Registered Agent	81	Alomo	10. Name and Address of New	Registered Agen	t
	·		01	Name			
FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD.			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
			83				
SUITE 215	N EC EL 22124			<u> </u>		·	
CORAL GABLES FL 33134			84	City		FL 85	Zip Code
11. Pursuant to the	e provisions of Sections 617.050	02 and 617.1508, Florida Statu	ites, the above	named corpora	ation submits this statement for the pa	urpose of changing	l gits registered of
or registered a familiar with, a	agent, or both, in the State of Flo and accept the obligations of, Sec	rida. Such change was author ction 617.0503, Florida Statute	ized by the corp is.	poration's boar	rd of directors. I hereby accept the ap-	pointment as regis	tered agent, i am
SIGNATURE	ature, typed or printed name of registered age	ent and title if applicable (f	IOTE: Registered Ag	ent signature required	d when reinstating)	DATE	
Signa		ent and titre if applicable (f	NOTE: Registered Age	ent signature required	d when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
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