FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 712769 1. Corporation Name

Country

25

SUNSET CHAPEL, INC.

Principal Place of Business 9393 SUNSET DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33173

21

22

23

24

Zip

Mailing Address

9393 SUNSET DRIVE MIAMI FL 33173

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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

05-10-1999 90167 035 ****61.25

20101 - 20101 - 20

Date Incorporated or Qualifed

05/18/1967

59-1485685

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			
Kreidman, Judith			82	Street	eet Address (P.O. Box Number is Not Acceptable)		
11314 SW 154 TERR							
MIAMI FL 33157			83			ļ	
			84	City	■. 85 Zip 0	Code	
				· -	_ FL	i	
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 DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	KREIDMAN, JUDITH		1.2 NAME			ļ	
STREET ADDRESS	11314 SW 154 TERR		1.3 STREE	FADDRESS			
CITY-ST-ZIP	MIAMI FL 33157	1.4 CFI		T-ZIP			
TITLE	TD	DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	PEREZ, PEDRO	2.2 N					
STREET ADDRESS	10625 SW 130 AVE		2.3 STREET	TADDRESS			
CITY-ST-ZiP	MIAMI FL		2.4 CITY-S	T-ZIP			
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	MESTAS-NUNEZ, ALBERTO		3.2 NAME			ļ	
STREET ADDRESS	6906 SW 114 AVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33173	_	3.4. CITY-5	T-ZIP			
TITLE -	-	DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME			ļ	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
IIILE .		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME			ļ	
STREET ADDRESS				TADDRESS		1	
CITY-ST-ZIP			6.4 CITY-S		5	- f - www a t i a w	
14. I hereby o	certify that the information supplied with this filling do	pes not qualify for th	e exempt	ion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the instance shall have the same legal effect as if made under path; that	ntormation	

Country

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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:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable