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NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 717698 (5)

FILED May 14 1998 8:00am Secretary of State

	MIAMI NATIONAL	LITTLE LI											
Principal Place of Business Mailing Address 1400 N.W. 135TH \$TREET 1400 N.W. 135TH \$TREET					r				3. Date Incorporated or Qualified				
P.O. BOX 681496		P.O. BOX 681496				l	12/09/1969						
n, miami fl 331	168		N. MIAM	II FL 33168				ŀ	4. FEI Number			Applied	For
									23-7066532			Not App	olicable
2. Principal Pli	ace of Business		2a. Ma	iling Address					5. Certificate of Status Desired		* *	5 Addition	
Sulte, Apt.	#, etc.			te, Apt. #, etc.					6. Election Campaign Financing) May B	
2			27						Trust Fund Contribution			to Fee	
City & State)			y & State					7. Is this nonprofit corporation		derena.	tion?	
:3			28							_=	☐ No		
Zip	Country		Zip	ı		untry			8. This corporation owes or has				
4	25		29		30	Υ		1	Personal Property Tax due J		Yes	∐ No	
	9. Name and Addres	s of Current	Registere	d Agent		81	None		10. Name and Address of New	riegisterec	Agent	· · · ·	
						ויסן	Name						
FAVORS,						82	Street A	Addres	s (P.O. Box Number is Not Acce	otable)			
	V. 2 02 Street												
Mam i Fl	. 33169					83							
						84	City			FI	85 Z	ip Code	
									ation a backs this statement for the			n ito roci	intered
 							-naman	corpora	auro suornis inis statement tot ti	IC DUIDOSO !	or orianidiff	alio inβl	and Mil
11. Pursuant t	to the provisions of Secti egistered agent, or both	ons 617.0502 , in the State (2 and 617.1 of Florida. S	508, Flo nda S tati Such ch ange wa s	utes, the a s authorize	above ed by	the corp	poration	n's board of directors. I hereby a	cept the ap	pointment	as regis	tered
11. Pursuant t office or re agent. I ar	to the provisions of Secti egistered agent, or both m familier with, and acce	ons 617.0502 , in the State o ept the obligat	P and 617.1 of Florida. S tions of, Se	508, Flo nda Stat Such ch ange was ection 617.0503, F	utes, the a s authorize Florida Sta	above ed by atutes.	the corp	ooration	ation submits this statement for the board of directors. I hereby ac	cept the ap	pointment	as regis	tered
agent. I ar SIGNATURE	m familiar with, and acce	ept the obliga	tions of, Se	ction 617.0503, i	-iorga Sia	atutes.					pointment	as regis	tered
agent. I ar	m familiar with, and acce	of registered agen	TIONS OT, SE	olicable. (NO	-iorga Sia	ed Apen			n's board of directors. I hereby an when reinstating) ADDITIONS/CHANGES TO OF	DATE			
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officer or director of the ecoporation 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.