SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT  1. Corporation Name	#	71	78	342
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(9)

FILED FYISION OF CORPORATION. 00 MAR -3 AM 11:39

Principal Place	e of Business	Mailing Address			52 0 0		
01011 0101		OTO TEANINE LUCOTED		DEINSTATEMEN			
CAGNI PARK 13495 NE 8TH	A\/F	C/O JEANNE LUSSIER 1541 NE 132 PL		•			
N. MIAMI FL 3		N. MAMI FL 33161		01/07/1970			
US		US		4. FEI Number	Applied For		
		T = 1.1111		59-6560216	Not Applicable		
	ace of Business	2a. Mailing Address	11.4.	5. Certificate of Status Desired	\$8.75 Additional		
21		26 /o Deborat	1 Harbour		Fee Required		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	12 10/	6. Election Campaign Financing	<b>\$5.00</b> May Be		
22		27 10800 NE	1211	Trust Fund Contribution	Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
23)		28 10 14 / (LTY	-				
=Zip 	Country	トペスンプル	Country	8:-This corporation owes or has paid the cur			
24	25	$ 29  \qquad \Im  \mathcal{U}   30$	1	Personal Property Tax due June 30.   10. Name and Address of New Registered	Yes No		
****	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	_		
	•		81 Name	eborah Harbour	· D		
LUSSIĘR	<b>JEANNE</b>		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	- <del> </del>		
1541 NW	(32 RD		13	3800 NE 13 TTV			
NORTH MI	AMI FL 33161		83		\		
			84 City A / A		85 Zip Code		
			- 1 on 1 on 1	Viami FL	- 37161 V		
11. Pursuant to	the provisions of sections 617.0502 an	d 617.1508, Florida Statutes, the	e above-named corpora	tion culmits this statement for the numese of cha	nging its registered		
office or re	dictered agent, or both, in the State of I	Florida. Such/change was autho	rized by the corporation	s board of directors. I hereby accept the appoint	tment as registered		
	- DENILLO	HET DINGOIL	1 Nohr	DAL L. HURBOUR	1-24-00		
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12		
TITLE	SD	X DELETE	1.1 TITLE	TN	Change Addition		
NAME	HARBOUR, DEB	<b>74</b>	1.2 NAME	Robert Scott, Jr.	<b>v</b> · –		
STREET ADDRESS	13800 NE 13 AVE	i	1.3 STREET ADDRESS	13400 North Miami			
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33168	*		
TITLE	PD	DELETE	2.1 TITLE	<u> </u>	Change Addition		
NAME -	LUSSIER, JEANNE	X receie	2.2 NAME	Victor Santillana, VP	TA CTAINGE		
	· ·	, ,	2.3 STREET ADDRESS		,		
	1541 NE 132 RD		2.4 CITY-ST-ZIP	13800 NE 13th Avenue			
ì	NORTH MIAMI FL		3.1 TITLE	North Miami, FL 33161	70 - 1 Addition		
ì	VP	DELETE			Change Addition		
NAME	GILBERT, ALVELO	•	3.2 NAME -	Cathy Heinzinger, Sec	1		
STREET ADDRESS	12501 NE 13 AVE		3.3 STREET ADDRESS	530 N.W. 124 Street	/		
CITY-ST-ZIP	NORTH MIAMI FL		3.4 CITY-ST-ZIP	North Miami, FL 33168	<del></del> /		
TITLE	TD	DELETE	4.1 TITLE		Change Addition		
NAME	OSTROFF, DEERA	4,	4.2 NAME	Dania Moneyhun RD 🔏	aey		
	2040 KEYSTONE BLVD.		4.3 STREET ADDRESS	12805 NE 11 Ct 5000	7 11		
CITY-ST-ZIP	NORTH MIAMI FL 33181		4.4 CITY-ST-ZIP	N Miami, FL 33161	<u></u>		
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME	<b>~</b>		5.2 NAME	100003164	を <b>多み</b> まって ()		
STREET ADDRESS	(1) · 大、、 11		5.3 STREET ADDRESS	7-03/09/0 <b>9</b> /40	N TANK LANK N		
CITY-ST-ZIP	20 10 m		5.4 CITY-ST-ZIP	<b>从</b> // <b>****</b> 358.79(	)*************************************		
TITLE A Transfer of	£ , . * * C	☐ DELETE	6.1 TITLE	$( \mathcal{P}_{i} _{\mathcal{J}_{i}})$	Change Addition		
NAME 🛫	÷	- *	6.2 NAME	· Y \			
STREET ADDRESS	÷		6.3 STREET ADDRESS	<i>t</i> '	3		
CITY-ST-ZIP	<del>-</del>		6.4 CITY-ST-ZIP				
				C. 440 07/03/23 Flyddy Destroy Let House alf	the state of the second second		

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 organ attachment with an address.

SIGNATURE: