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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90007 049 ****70.00

* 88591 - 90007⁹- 49 1 *

DOCUMENT # 739541 1. Corporation Name

AYUDA, INC.

Principal Place of Business

7118 BYRON AVENUE

MIAMI BEACH FL 33141

Mailing Address

P.O. BOX 414597 MIAMI BEACH FL 33141

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2. Principal Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed				
21		26				07/01/1977				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number		Ar	plied For	1
22		27	27			59-1761257		No	ot Applicable	
City & State		City & State				5. Certifcate of Status Desired	Ø	•	Additional	7
Zip	Country	28	ip Country					Fee Re	•	4
_	Country Zip			ıry		6. Election Campaign Financing \$5.00 May Be			•	
24	25 9. Name and Address of Current		30			Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent			o Fees	-
	o. Name and Address of Current	Kegisteren Agent	• +	31 Nan	ne .	10. Name and Address of New	វមម្បាននោមប	Agent		1
01401 514	84.4		Ľ							_
SUSI, DIANA			1	82 Street Address (P.O. Box Number is Not Acceptable)]
7118 BYR			ļ.	33						4
MIAMI BU	H FL 33141		ĺ`	~						
)			1	34 City			FL	85 Zip (Code	1
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abo	ove-name	ed corpor	ation submits this statement for the	purpose of	changing its	registered	┪
office or r	egistered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was autl	horized l	by the co	prporation'	's board of directors. I hereby acce	ot the appoir	ntment as re	gistered	
-	in reminer with, and accept the conget	0113 01, Dection 017.0303, 11010	ia Statut	0 5.						-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered A	gent signatu	ure required w	when reinstating)	DATE	- · · · · · · · · · · · · · · · · · · ·	·	1 =
12.					· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	(11/98)
TITLE	THE D-EXECUTIVE DIRECTOR DELETE			E				Change	Addition	1 E
NAME	Greek Breeze			E						~
STREET ADDRESS 7118 BYRON AVENUE			1.3 STR	.3 STREET ADDRESS						
CITY-ST-ZIP MIAMI BEACH FL 33/4/			1.4 CITY-ST-ZIP			-			•	CR2E037
TITLE	D-DIRECTOR OF OPERATIONS DELETE			<u> </u>				☐ Change	Addition	15
NAME	LISA, EGOZI			E					•	
STREET ADDRESS	and an alternative man			2.3 STREET ADDRESS			÷			
.CITY-ST-ZIP	SHARM DOLL EL TO 156)			2. 4 CITY-ST-ZIP		يعرب والمناب والمناب والمناب				.
TITLE	D-EXECUTIVE ASSISTA	○↑ □ DELETE	3.1 TITLE				-	☐ Change	Addition	1
NAME	CARAFAL CRANICA		3.2 NAME							
STREET ADDRESS:	COLUMN ALOND LABORATION DO		3.3 STREET ADDRESS		ss	•				
CITY-ST-ZIP	-ST-ZIP MIAMI BCH FL 3 3 ! 41			3.4. CITY-ST-ZIP						
TITLE	DORA SUSI DELETE 41				1			Change	Addition	1
NAME	7/18 Byron Avenue			E		•		•		
STREET ADDRESS				ET ADDRES	ss			•].
CITY-ST-ZIP	33141		4.4 CITY-	-ST-ZIP		,			•	
TITLE		☐ DELETE	5.1 TITLE		<u> </u>		,	☐ Change	Addition	1
NAME			5.2 NAME	Ē				- ,		
STREET ADDRESS			5.3 STRE	ET ADDRES	ss			•		
CITY-ST-ZIP		•	5.4 CITY-	ST-ZIP		,				
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	1
NAME			6.2 NAME	•					, č	
STREET ADDRESS			6.3 STRE	ET ADDRES	ss					ļ .
CITY_ST_7IP				ST. 7IP		And the second s				1

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 reactive 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 op an attachment with an address, with all other like empowered.

SIGNATURE: