## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** 

754175

(8)

<ol> <li>Corporation</li> </ol>	n Name	. • (-)			<b>\</b>	
ENCOUNTERS IN EXCELLENCE, INC.					A 150 MIL 188 DA BANKA BANKA BARBA BANKA BARBA BANKA BARKA BARBA BARBA BARBA BARBA BARBA BARBA BARBA BARBA BARBA	
Principal Place of Business Mailing Address					E SERVEN TREEN ENAN DIADET HYDEN HYDEN	TULU BURUL BLOST BURUL BYOTH BURUL BURST 1881
23050 S.W. 156 AVE. 23050 S.W. 156 AVE. MIAMI FL 33170 MIAMI FL 33170-6912						
US US					3. Date Incorporated or Qualified 09/15/1980	3a. Date of Last Report 01/24/1996
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add					4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28				Trust Fund Contribution	Added to Fees
Zip			Coun	lry	8. This corporation has liability for	intangible tax under s. 199.032,  Yes No
24	25   29   30   9, Name and Address of Current Registered Agent		[30]		Florida Statutes  10. Name and Address of New Re	
-	5, Italia and Address of C	arient riogrational Agent		1 Name	10. Hallie Blis Addition of High Inc	Branca Agont
NEDAL DIOUADD O						
KERN, RICHARD C. 23050 SW 156 AVE				Street Ad	Idress (P.O. Box Number is Not Acceptab	/le)
MIAMI FL FL 33170				3		
WI 4711 1 E 1 E 30 11 C				4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 61	7.0502 and 617.1508, Florida Stat	utes, the abo	ve-named co	orporation submits this statement for the p	
office or r agent. I a	registered agent, or both, in the m familiar with, and accept the	State of Florida. Such change was obligations of, Section 617.0503, I	s authorized Florida Statu	by the corpor tes.	orporation submits this statement for the pration's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE .	Signature, typed or printed name of registe	ered agent and title if applicable (Nr	OTE: Registered	Agent signature rec	quired when rainstating)	DATE
12. OFFICERS AND DIRECTORS			13.	<u></u>	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	C DELETE		1.1 TIFL	E		☐ Change ☐ Addition
NAME	WEINTRAUB, ALBERT		1.2 NAM	IE )		)
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			-ST-ZIP		
TITLE	_		2.1 TITL	Y		L. Change L. Addition
NAME	KERN, RICHARD		2.2 NAN	-		
STREET ADDRESS				EET ADDRESS		1
CITY-ST-ZIP TITLE	MIAMI FL		2. 4 CIT 3.1 TITL	Y-ST-ZIP		Change Addition
NAME			3.2 NAM	ì		
STREET ADDRESS	ADMIRE, JACK 6459 SUNSET DR			EET ADDRESS		
CITY-ST-ZIP	MIAMI FL		. I	Y-ST-ZIP		
TITLE	D DELETE		4.1 TiTL			Change Addition
NAME	KERN, JAMES		4. 2 NA	i i		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	A A. A. B. Ser.		1	r-ST-ZIP		
TITLE	DELETE		5.1 <b>T</b> (T)			Change Addition
NAME			5.2 NAN	re l		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	r-st-zip		
TITLE	LE DELETE		6.1 TML	E		Change Addition
NAME	)		6.2 NAA	AE )		
STREET ADORESS			6.3 STR	EET ADDRESS		
I	1					,

14. If do 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 Bla 3 if changed, or on an attachment with an address.

**FILED** 

Jan 22 1997 8:00am

Secretary of State