FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

754175

(8)

ENCOUNTERS IN EXCELLENCE, INC.

Littoot	THE TO THE ENGLISH TO E.						
Principal Place of Business		Mailing Address			1 100ftd 1000+ Delite Mint, itenit 1000 atti nanti		TEL MINISTERI
23050 S.W. 156 AVE. MIAMI FL 33170 US		23050 S.W. 156 AVE. MIAMI FL 33170 US			3. Date Incorporated or Qualified		
					09/15/1980		
03		US			4. FE! Number	+ + + · ·	oplied For
					NOT APPLICABLE		ot Applicable
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired		Additional equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	
22		27			Trust Fund Contribution	Added to	
City & Stat	e	City & State			7. Is this nonprofit corporation a homeown		n?
23	Country	28 7in	Country			☐ No	9.1.
Zip 24	Country	Zip 29	30		8. This corporation owes or has paid the or Personal Property Tax due June 30.		No NX
24	9. Name and Address of Currer		30		10. Name and Address of New Registere		4110 1411
			81	Name			
KERN, R	IICHARD C.		82	Street Ad	idress (P.O. Box Number is Not Acceptable)		
	W 156 AVE		83				
MIAMI FI	L FL 33170		83				
			84	City	F	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State on familiar with, and accept the oblig	22 and 617.1508, Florida Statute of Florida. Such change was a lations of, Section 617.0503, Flo	es, the above authorized by orida Statutes	named corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ag	of changing it pointment as	s registered registered
	Signature, typed or printed name of registered age			nt signature re	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	S IN 12
TITLE	C	☐ DELETE	1.1 TITLE 1.2 NAME			☐ Criange	L Vagillou
NAME	WEINTRAUB, ALBERT		1.2 NAME 1.3 STREET	4 DODGECC			
STREET ADDRESS CITY-ST-ZIP	2250 SW 3RD AVE MIAMI FL		1.4 CITY-S				
TITLE	DST	DELETE	2.1 TITLE	1-21		Change	☐ Addition
NAME	KERN, RICHARD	_	2.2 NAME				
STREET ADDRESS	23050 SW 156TH AVENUE		2.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL	•		ST-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	ADMIRE, JACK		3.2 NAME				
STREET ADDRESS							
CITY-ST-ZIP	6459 SUNSET DR		3.3 STREET	ADDRESS			
	6459 SUNSET DR MIAMI FL		3.3 STREET 3.4. CITY - S	1			
TITLE		☐ DELETE		1		Change	Addition
TITLE NAME	MIAMI FL	☐ DELETE	3.4. CITY-5	1		Change	Addition
	MIAMI FL D	DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP		Change	Addition
NAME	MIAMI FL D KERN, JAMES		3.4. CITY-5 4.1 TITLE 4. 2 NAME	ADDRESS			
NAME STREET ADDRESS	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201	☐ DELETE	3.4. CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201		3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201		3.4. CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201		3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201		3.4. CITY-5 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS			
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201	☐ DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS T-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADORESS GITY-ST-ZIP TITLE	MIAMI FL D KERN, JAMES 8900 SW 117 AVE, #C201	☐ DELETE	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	☐ Addition

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 on an attachment with an address.

SIGNATURE:

Kern

305-246-1416

FILED

Jan 15 1998 8:00am

Secretary of State