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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90093 023 ****61.25
08-11-1999 90004 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755042

1. Corporation Name

LEARN TO READ VOLUNTEERS OF MIAMI, INC.

Principal Place of Business	Mailing Address
12800 NE 6 AVE N MIAMI FL 33161 US	12800 NE 6 AVE N MIAMI FL 33161 US

611372 - 90004 - 24

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/07/1980
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-2133010 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRIEDBAUER, BARBARA
1620 MICANOPY AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: CARMEN LOPEZ-NEGRETE
82 Street Address (P.O. Box Number is Not Acceptable): 21 NW 59TH AVE
83: MIAMI 33126
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: CARMEN LOPEZ-NEGRETE — 8/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRIEDBAUER, BARBARA 1620 MICANOPY AVE. MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PD LARA GARCIA 13727 S.W. 152 ST # 337 MIAMI FL 33177	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERBITS, LINDA 330 GREENWOOD DR. W. PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. DVP ANITA TRATTMAN 2851 N.E. 185 ST #704 N. MIAMI BEACH 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MCINTOSH, PAT 313 NE 92 92 ST MIAMI SHORES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER TD CARMEN LOPEZ-NEGRETE 21 N.W 59TH AVE MIAMI 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, ANN 1065 NE 143 ST N MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — CARMEN LOPEZ NEGRETE / ~~LARA GARCIA~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/2/99