FILE NOW: FILING FEE IS \$61.25

NONPROFIT 7 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90153 035 ****30.50 04-14-1999 90153 036 ****30.75

DOCUMENT # 771220

1. Corporation 3413-341		ATION INC.								, ,	·	
Principal Place of Business Mailing Address						Η-						
C/O JOSEFINA REDONDO 3413 SW 26 ST MIAMI FL 33133		C/O JOSEFINA REDONDO 3413 SW 26 ST MIAMI FL 33133										
									•			
Principal Place of Business 21		2a. Mailing Address 26					3. Date Incorporated or Qualifed 11/14/1983					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4	4. FEI Number NOT APPLICABLE Applied For Not Applicable					
City & Stat	е	City & State	¬			5	5. Certificate of Status Desired Sa.75 Additional Fee Required					
Zip	Country	Zip	Cou	ntry		6	Election Car		ing 🔲	\$5.00		
24	25 29 30 30 9. Name and Address of Current Registered Agent					16	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent					
	9. Name and Address of Curren	t Registered Agent		81	Name		, Hallie allu	Address of N	ew Kegiswica	Agoin.		
REDONDO, JOSEFINA						iress ((P.O. Box Num	her is Not An	rentable)			
3413 SW 26 ST					0110017100	1,000	(1501 10 7101710				
MIAMI FL 33133											1	
المتكلفينية المنها ومهمومها والمراد التالي المنا المتنك المسلم المراد المراد المراد المراد المراد المراد المراد					City	_		-	FL	85 Zip C	ode	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligat							s statement for ors. I hereby a	r the purpose of accept the appoi	changing its intment as reg	registered pistered	
40	Signature, typed or printed name of registered agen		NOTE: Registered	Agen	t signature requin	red wher		CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
12.	OFFICERS AND DIRECTORS DELETE			1.1 TITLE			ABBITTOTO	OTPHIOLO TO	OT HOLITON	☐ Change	Addition	
NAME .	REDONDO, JOSEFINA	-						•	• •	- :		
STREET ADDRESS	3413 SW 26 ST			1.2 NAME 1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			•					
TILE	TD DELETE			2.1 TITLE						☐ Change	☐ Addition	
NAME	MILLER, OFELIA			2.2 NAME						**	٠.	
STREET ADDRESS	3415 SW 26 ST			2.3 STREET ADDRESS						•		
CITY-ST-ZIP	Miami Fl			2. 4 CITY-ST-ZIP								
TITLE	PD DELETE			3.1 TITLE				*		Change	Addition	
NAME	REDONDO, JOSEFINA		3.2 N	ME							,	
STREET ADDRESS	· ·		3.3 ST	REET	ADDRESS				•			
CITY-ST-ZIP	MIAMI FL		3.4. C		T-ZIP						- Addition	
TITLE		DELET						المستشد ويسا		Change	Addition	
NAME			4.2 N									
STREET ADDRESS					ADDRESS					•		
CITY-ST-ZIP		☐ DELET	4.4 CI		T-ZIP	-				☐ Change	Addition	
TITLE		L-J DELET	5.1 TI 5.2 N							Cl Augusta		
NAME	i		₩ J.2 1V		- 1							

CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition