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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F73352 1. Corporation Name

ST. JOHN'S RELIGIOUS STORE, INC.

Principal Place of Business Mailing Address							T REALFOR VIII 18000 FIISO VIIN EFIID HAV DIBIT ATAIT ATAIT ALAIT ATAIT EIRIT OTAIT EIRIT OTAIT EIRIT OTAIT F
1512 NW 7TH AVE.			1512 NW 7TH AVE.				
1512 NW 7TH AVENUE MIAMI FL 33136			1512 NW 7TH AVENUE MIAMI FL 33136				DO NOT WRITE IN THIS SPACE
MIAMI (2 33130			TRIPINI TE SOTO			Ì	3. Date Incorporated or Qualifed
							03/24/1982
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			6				59-2187893 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			8 Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Zip	25	29	· —	30			Personal Property Tax.
24	9. Name and Address of Curre			9,			10. Name and Address of New Registered Agent
				81	١	Name	
Camacho, esther				82	, ,	Street Addres	ss (P.O. Box Number is Not Acceptable)
7132 SW 105TH CT						JII CCI AGGICO	(, O. Box (Valligo) to Voca too options)
_ MIAMI FL 33173							· ·
				84	(City	85 Zip Code
						-	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 a	im familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	a Statutes	3.		
SIGNATURE					. ,		chen reinstating) DATE
-	Signature, typed or printed name of registered age OFFICERS AI			13.	nt sig	gnature required w	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD	10 DINE	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CAMACHO, ESTHER			1.2 NAME			
STREET ADDRESS	TARK OUT ARTILL COURT			1.3 STREET	TAD	DRESS	
CITY-ST-ZIP	MIAMI, FL 0			1.4 CITY-ST-ZIP		ıP	
TITLE			☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME		2.2.1		2.2 NAME			
STREET ADDRESS				2.3 STREET	TAD	IDRESS	
CITY-ST-ZIP				2.4 CITY-S	ST-Z	1P	
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	TAD	ORESS	
CITY-ST-ZIP	·			3.4. CITY-S	ST-Z	JP P	
TITLE			☐ DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	TAD	DRESS	
CITY-ST-ZIP				4.4 CITY-S	ST-ZI	ib di	
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME	.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ì
STREET ADDRESS				5.3 STREET			İ
CITY-ST-ZIP			[] per err	5.4 CITY-S 6.1 TITLE	sı-Zl	<u>.r </u>	☐ Change ☐ Addition
TITLE			☐ DELETE				☐ Change ☐ Addition
NAME				6.2 NAME		NDDE500	
CTDECT ADDDESS	i .			6.3 STREE	: I AU	ハルベニシン	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Esther Camacho

305.324.4345