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

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SAN FRANCISCO CA 94115

2149 LYON ST.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPOFATIONS

## DOCUMENT # F9600001436 (2)

CINTERANDES USA, INC.

DIVISION OF CORPOFATIONS	Secretary of State
01436 (2)	
Mailing Address	THE THE TWO SEAR BOTH GOIN GOIN GOIN GOIN GOIN AND AND AND AND AND AND AND AND AND AN
2149 LYON ST. #5 SAN FRANCISCO CA 94115	3. Date Incorporated or Qualified 03/15/1996
	A EEI Number

94-3145385

**FILED** 

May 18 1998 8:00am

2. Principal Place of Business 2a. Mailing Address \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 26 Fee Required 21 Suite, Apt. #, etc. Suite Ant #, etc. \$5.00 May Be 6. Election Campaign Financing П 27 Trust Fund Contribution Added to Fees 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **EMERSON, DORIS** Street Address (P.O. Box Number is Not Acceptable) 914 EAST RIDGE VILLAGE DR. MIAMI FL 33157

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TILE VIERRA MARK A, MO 460 SUMMIT SPRINGS RD Change Addition TITLE JONES, EVALEEN M.D. NAME 1.2 NAME 2149 LYON ST. STREET ADDRESS 1.3 STREET ADDRESS MOODSIDE CA 94062 SAN FRANCISCO CA 94115 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE CFOT 2.1 T TLE MOPPISON, KATHLEEN, PUD CONRAD, JAMES NAME 2.2 NAME 582 AWARADO ROW 2149 LYON ST #5 STREET ADDRESS 2.3 STREET ADDRESS STUNFORD CA 94305 SAN FRANCISCO CA 94415 CITY-ST-ZIP 2. 4 CITY - \$T-ZIP DELETE Change Addition TITLE SITTIE DE ANDERSON, CECILIA A NAME 3.2 NAME 1451 BEACH PARK BLVD., #122 STREET ADDRESS 3.3 STREET ADDRESS FOSTER CITY CA 94404 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TILE HABIS, JOSEPH M.D. NAME 4.2 HAME 133 EDWARDS ST., #A STREET ADDRESS 4.3 STREET ADDRESS ST. HELENA CA 94574 CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 T TLE Change Addition TITLE VAUGHN, JENNIFER NAME 5.2 NAME 892 33RD AVENUE STREET ADDRESS 5.3 STREET ADDRESS SAN FRANCISCO CA 94121 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 T T F LEBARON, SAMUEL NAME 62 NAME 2149 LYON ST., #5 STREET ADDRESS 6.3 STREET ADDRESS SAN FRANCISCO CA 94115 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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:

EUGLICU SILLE MINISTER OR DIRECTOR

1/18198

Daytime Phone # 0079048

CR2E037 (10/97

Not Applicable

Zip Code