


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17808 (9)
1. Corporation Name
**MOTHERS SISTERS WIVES & DAUGHTERS
OF BAY PLYERS KANA, BRIGADE 2506 INC.**

Principal Place of Business Mailing Address
**2470 NW #14 ST
MIAMI FL
33125-2106**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
11-17-1988

4. FEI Number 79-2779372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**FERNANDEZ MAGALIE
2470 NW 14 ST
MIAMI FL 33125-2106**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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]** (NOTE: Registered Agent's signature required when reinstating) **3/17/98**

12. OFFICERS AND DIRECTORS

TITLE V-P/D	NAME MAGALIE E FERNANDEZ	STREET ADDRESS 2470 NW 14 ST	CITY-ST-ZIP MIAMI FL 33125	<input type="checkbox"/> DELETE
TITLE	NAME ESTERVINA CRUZ	STREET ADDRESS 3526 SW 11 ST	CITY-ST-ZIP MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE V-T-D	NAME MARTA T FERNANDEZ	STREET ADDRESS 2014 SW 17 TEN	CITY-ST-ZIP MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE T-D	NAME DELIA REYES DE DIAZ	STREET ADDRESS 5556 W 44th ST APT 101	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE S/D	NAME BOSCH DULCE A	STREET ADDRESS 2470 NW 14 ST	CITY-ST-ZIP MIAMI FL 33125/2106	<input type="checkbox"/> DELETE
TITLE V-P/D	NAME MARTA FERNANDEZ	STREET ADDRESS 2470 NW 14 ST	CITY-ST-ZIP MIAMI FL 33125-2106	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****150.00**

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.

SIGNATURE: **[Signature]** **3/17/98** (305) 635 7974

CR2E037 (10/97)