FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N21391

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Principal Place of Business Mailing Address C/O JEAN LAURORE C/O JEAN LAURORE 11110 N.W. 6TH AVENUE 11110 N.W. 6TH AVENUE **MIAMI FL 33168** MIAMI FL 33168-3312 3. Date incorporated or Qualified 3a. Date of Last Report 06/30/1987 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0261024 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 0 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAURORE, JEAN Street Address (P.O. Box Number is Not Acceptable) 11110 N.W. 6TH AVENUE 83 **MIAMI FL 33168** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE LAURORE, JEAN O. NAME 1.2 NAME 11110 N.W. 6 AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **NEREUS, GARY** 2.2 NAME NAME 12355 N.W. 16TH AVE. 2.3 STREET ADDRESS STREET ADORESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE DETEMPS, BONTE NAME 3.2 NAME 7272 N.E. 6TH CT., APT. 4 STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME BAPTISTE, YANICK JEAN 4. 2 NAME STREET ADDRESS 735 N.W. 144 ST. 4.3 STREET ADDRESS MIAMI FL 4.4 CiTY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change ☐ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE **8.1 TITLE** 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. I do 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

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

appears in Block 12 of Block 13 if changed, or on an attachment

3/8/97 3

FILED

May 13 1997 8:00am

Secretary of State

Deylime Phone # 0032229