

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Sep 22, 1999 8:00 am
 Secretary of State

09-22-1999 90008 045 ****61.50

DOCUMENT # N24920

1. Corporation Name

MIAMI MANDIR-PROJECT RELIEF, INC.

* 6 618651⁸ - 90008 - 45 1 *

Principal Place of Business

Mailing Address

~~1425 NE 6TH AVE
 APT. 3M
 NORTH MIAMI FL 33161~~

~~1425 NE 6TH AVE
 APT. 3M
 NORTH MIAMI FL 33161~~

7440 MIAMI LAKES DR # F104
 MIAMI LAKES FL 33014



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	02/18/1988
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number	58-8302010
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, BOBBI-ANNE, DR.
~~1425 NE 6TH AVE APT 3M
 MIAMI FL 33161~~

7440 MIAMI LAKES DR.
 # F 104
 MIAMI LAKES FL 33014

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BOBBIE-ANNE DMD,CHT	1.2 NAME	
STREET ADDRESS	1425 NE 6TH AVE APT 3M 7440 MIAMI LAKES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161 MIAMI LAKES 33014	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAGUILA, RACHEL	2.2 NAME	
STREET ADDRESS	1425 NE 6TH AVE APT 3M 151 South Wiley	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33028 Hollywood Fl. 33068	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. RAPHAEL, SASA	3.2 NAME	
STREET ADDRESS	6875 SW 70TH TERRACE 6600 SW 64 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/99

305 827 6849

CR2E037 (5/99)