

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27692 (5)**

1. Corporation Name

**ST. ANTHONY'S KIDS, INC.**



Principal Place of Business

Mailing Address

**89 NORTH WEST 48TH PLACE  
C/O ANTHONY LOPEZ-BAENA  
MIAMI FL 33126  
US**

**89 NORTH WEST 48TH PLACE  
C/O ANTHONY LOPEZ-BAENA  
MIAMI FL 33126  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**LOPEZ BAENA, ANTONIO  
89 NW 48TH PLACE  
MIAMI FL 33126**

3. Date Incorporated or Qualified

**08/01/1988**

3a. Date of Last Report

**12/18/1995**

4. FEI Number

**65-0303219**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **LOPEZ-BAENA, ANTHONY**  
STREET ADDRESS **89 NW 48 PL**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE  
NAME **PRATS, ERNESTO**  
STREET ADDRESS **257 NW 36TH AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **T** ☐ DELETE  
NAME **LOPEZ, AIDA**  
STREET ADDRESS **89 N.W. 48TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VT** ☐ DELETE  
NAME **ROSPIGLIOSI, FANNY**  
STREET ADDRESS **235-30 STREET**  
CITY-ST-ZIP **MIAMI BCH. FL**

TITLE **S** ☐ DELETE  
NAME **BAENA, AILEEN LOPEZ**  
STREET ADDRESS **89 NW 48TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE  
NAME **PRATS, CARMEN**  
STREET ADDRESS **3401 SW 9TH TERRACE #2**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Antonio Lopez Baena* **Antonio Lopez Baena 4-30-96 (305) 649-5186**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)