

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 # **N33717 (2)**

1. Corporation Name
ST. MICHAEL THE ARCHANGEL LCC MISSION INC.



Principal Place of Business
P.O. BOX 450095
SUNRISE FL 33345
US

Mailing Address
P O BOX 450095
9432 NW 46 PLAGE
SUNRISE FL 33345-0095
US

3. Date Incorporated or Qualified **08/15/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **PO BOX 450095**
27 Suite, Apt. #, etc.
28 **Sunrise FL**
29 **33345-0095** 30 **USA**

4. FEI Number **65-0171754** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREITENKAM HENRY R.
7202 NW 59TH ST
TAMARAC FL 33321

81 Name **Breitenkam, Henry R.**
82 Street Address (P.O. Box Number is Not Acceptable) **2771 Riverside Dr.**
83 **Apt A108**
84 City **Coral Springs** FL 85 Zip Code **33065**

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 **Henry R. Breitenkam** *[Signature]* **4.25.96.**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, MARJORIE	
STREET ADDRESS	8295 SW 33 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TAMARGO, JOSE A.	
STREET ADDRESS	15741 NW 14TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BREITENKAM, HENRY R.	
STREET ADDRESS	7202 NW 59TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD TAMARGO, JOSE A.
2.3 STREET ADDRESS	15741 NW 14 AVE
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD Breitenkam, Henry R.
3.3 STREET ADDRESS	2771 Riverside Dr. 108A
3.4 CITY-ST-ZIP	Coral Springs FL 33065
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD William Binder
4.3 STREET ADDRESS	4354 NW 9 AVE Bldg 13, 1D
4.4 CITY-ST-ZIP	Pompano Beach FL 33064
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	600001835806
5.4 CITY-ST-ZIP	-05/23/96--01003--024
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***61.25
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: *[Signature]* **4.25.96.** **954.797-2209**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)