FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34436 (8)

1. Corporation Name
CHILDREN'S FOUNDATION TO DRESS THE HUMBLE, INC.

Principal Place of Business	Mailing Address
C/O LUIS E. MORA 3446 S.W. 8TH STREET, SUITE 212 MIAMI FL 33135	C/O LUIS E. MORA 3446 S.W. 8TH STREET, SUITE 212 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1989
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0244208 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

2. Principal Place of Business	2a. Mailing Address
21 717 PONCE DE LEON BLVD.	26 717 PONCE DE LEON BLVD
22 Suite, Apt. #, etc. SUITE 331	27 Suite, Apt. #, etc. SUITE 331
23 City & State CORAL GABLES, FLORIDA	28 City & State CORAL GABLES, FLORIDA
24 Zip 33134 25 Country DADE	29 Zip 33134 30 Country DADE

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
MORA, LUIS E 3446 S.W. 8TH STREET, SUITE 212 MIAMI FL 33135	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MORA, LUIS E	1.2 NAME	DIRECTOR
STREET ADDRESS	3446 S.W. 8TH STREET, #212	1.3 STREET ADDRESS	LUIS E. MORA
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	5520 ALHAMBRA CR. CORAL GABLES, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, GUSTAVO G	2.2 NAME	DIRECTOR
STREET ADDRESS	3446 S.W. 8TH STREET, #212	2.3 STREET ADDRESS	GUSTAVO SUAREZ
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	3509 S.W. 29 ST. MIAMI, FLORIDA 33133
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, EDDIE	3.2 NAME	DIRECTOR
STREET ADDRESS	3446 S.W. 8TH STREET, #212	3.3 STREET ADDRESS	CRISTINA MORA
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	5520 ALHAMBRA CR. CORAL GABLES , FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1
$ DEPOSITED BY Bank

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)(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 _____ 4/24/95 (305)-854-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041739