## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34436

(8)

## FILED Feb 10 1998 8:00am Secretary of State

Principal Plac	REN'S FOUNDATION TO D	Mailing Address					
717 PONCE DE LEON BLVD.  8TE. 331  CORAL GABLES FL 33134  717 PONCE DE LEON BLVD.  STE. 331  CORAL GABLES FL 33134			J.		3. Date Incorporated or Qualified 10/02/1989		
					4. FEI Number		Applied For
2. Principal P	Place of Business	2a. Mailing Address	<del>.</del> .		65-0244208		Not Applicable
21		26		5. Certificate of Status Desired \$8.75 Additiona Fee Required			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be to Fees
City & Stat	16	City & State		7. Is this nonprofit corporation a homeowners association?			
Zip	Country	28 Zip	Country			No.	-11-1-
24	25 29 30				8. This corporation owes or has paid the current year Intangibl Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
				lame			
MORA, LUIS E 3446 S.W. 8TH STREET, SUITE 212 MIAM! FL 33135			82 9	treet Add	ress (P.O. Box Number is Not Acceptable)	*	
			83				
***************************************	L 44 144						
			1 1	City	Fl	_   -   .	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered age				poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing pointment a	its registered is registered
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	PRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MORA, LUIS E		1.2 NAME				
STREET ADDRESS	CODAL CARLES EL		1.3 STREET ADD				
CITY-ST-ZIP TITLE	D CONAL GABLES PL	DELETE	1.4 CITY - ST - ZO 2.1 TITLE	Р		Change	Addition
NAME	SUAREZ, GUSTAVO G	2.2				☐ Outside	☐ Vagarrall
STREET ADDRESS	3509 S.W. 29TH STREET		2.3 STREET ADO	RESS			
CITY-ST-ZIP	MIAMI FL 33133		2, 4 CITY - ST - Z	IP.			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	MORA, CRISTINA		3.2 NAME				
STREET ADDRESS	5520 ALHAMBRA CIR. CORAL GABLES FL		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	OVINE UNDER TE	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE	DELETE 5.1		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP TITLE	<del></del>	DELETE	5.4 CITY-ST-ZII	<del>}                                    </del>		Change	Addition

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 applemental 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 changes.

6.2 NAME

**6.3 STREET ADDRESS** 

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1015 R

1/15/98

8545081