

FILE NOW: FILING FEE IS \$61.25

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Sep 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41438**
1. Corporation Name
TonyCaly Family HOME Inc.

Principal Place of Business
8984 S.W. 25 St. Miami FLA. 33165

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12-24-90
3a. Date of Last Report
12-24-90
4. FEI Number
65-0233138
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
Anthony Towers
8984 SW 25 Street
Miami, FL 33165

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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE **Treasurer** ☐ DELETE
1.2 NAME **Anthony Towers**
1.3 STREET ADDRESS **8984 SW 25 Street**
1.4 CITY-ST-ZIP **Miami, FL 33165**
2.1 TITLE **President** ☒ DELETE
2.2 NAME **Celia D. Towers**
2.3 STREET ADDRESS **8984 SW 25 Street (Deceased)**
2.4 CITY-ST-ZIP **Miami, FL 33165**
3.1 TITLE **Secretary** ☒ DELETE
3.2 NAME **Marilyn Rosales**
3.3 STREET ADDRESS **8984 SW 25 Street**
3.4 CITY-ST-ZIP **Miami, FL 33165**
4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **President/Treasurer** ☒ Change ☐ Addition
1.2 NAME **Anthony Towers**
1.3 STREET ADDRESS **8984 SW 25 Street**
1.4 CITY-ST-ZIP **Miami, FL 33165**
2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **Ricardo E. Beres**
2.3 STREET ADDRESS **8984 SW 25 Street**
2.4 CITY-ST-ZIP **Miami, FL 33165**
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 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: **[Signature]** **7/28/97 (305) 2257527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)