

**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

**FILED**  
Feb 12 1996 8:00 am  
Secretary of State

**DOCUMENT # N43427 (6)**  
1. Corporation Name  
**BROTHERS TO THE RESCUE, INC.**



Principal Place of Business Mailing Address  
**% JOSE BASULTO**  
**5790 SW 84 ST**  
**MIAMI FL 33143**

3. Date Incorporated or Qualified **05/13/1991** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0262771</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BASULTO, JOSE**  
**5790 SW 84 ST**  
**MIAMI FL 33143**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
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 registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUSS, WILLIAM R.</b>	1.2 NAME	
STREET ADDRESS	<b>1403 SW 20 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASULTO, JOSE</b>	2.2 NAME	
STREET ADDRESS	<b>5790 SW 84 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IGLESIAS, ARNALDO</b>	3.2 NAME	
STREET ADDRESS	<b>92 GRAND CANAL DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORES, JORGE A</b>	4.2 NAME	<b>LARES, JORGE A</b>
STREET ADDRESS	<b>6319 NW 173 TERRACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose J. Basulto Pres.*

**FEB 2/96 (305) 477-1868**

Date

Designation

CR2E037 (12/95)