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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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(6)

BROTHERS TO THE RESCUE, INC.

Principal Place	of Business	М	Mailing Addr	ress			T INDIANAL BEAUTA FINAL BRIDE I	I BĀĻĪ OKPĀŅ OKBKI OLB	11 2 13 11 0 1	A11 B1011 1081
% JOSE BASULTO 5790 SW 84 ST MIAMI FL 33143 2. Principal Place of Business		M	5790 S. W. 84ST ST MIAMI FL 33143 US							
		U					3. Date Incorporated or Qualified 05/13/1991 3a. Date of Last Report 02/12/1996			
		⊢					4. FEI Number Applied For 65-0262771 Not Applied			
Suite, Apt. #	#, etc.	26	Suite, Ap	ot. #, etc.	·/ ·· ···			\$ {		dditional
		27					5. Certificate of Status Desired	1 1	Fee Re	
City & State		<u> </u>	City & Sta	ate			6. Election Campaign Financing			Мау Ве
Zip	Country	28	Zip		Count	trv	Trust Fund Contribution 8. This corporation has liability for it	······································	Added to	
]	25	29	}		30	-,	· · · · · · · · · · · · · · · · · · ·	Yes No		199.032,
<u></u>	9. Name and Address of 0	Current Regis	stered Age	ent			10. Name and Address of New Re	glatered Agen	it	
					[6	Name				
BASULTO					8	Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
5790 SW 84 ST Miami Fl 33143					8	13				
					8	14 City		FL 85	Zip (ode
1. Pursuant to	o the provisions of Sections 61	17.0502 and 6	617.1508, F	Florida Statut	tes, the abo	ove-named corp	poration submits this statement for the p	urpose of char	nging its	registered
office or re	aniatorod agant or both in the	State of Flori	rida. Such c	change was a	authorized	by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	ot the appointm	nent as	registered
agent I am	n familiar with, and accept the	obligations of	of, Section 6	617.0503. Fi	orida Statut	les.				
	agistered agent, or both, in the m familiar with, and accept the	obligations of	of, Section (617.0503, Fi	orida Statut	ies.				
GNATURE	Signature, typed or printed name of regist	ered agent and hth	le if applicable.	-4,	TE Registered		ired when reinstating)	DATE		
GNATURE	Signature, typed or printed name of regist		le if applicable.	4 (NOT	TE Registered /	Agent signature requ		DATE CERS AND DIR	ECTOR	
GNATURE S	Signature, typed or printed name of regists OFFICER	ered agent and hth	le if applicable.	-4,	TE Registered /	Agent signature requ	ired when reinstating)	DATE CERS AND DIR		
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TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR