FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

COF	ONPROFIT RPORATION UAL REPORT 1998		FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		Feb 05 199 Secretary			
POCU Corporation	MENT #	N43427	(6)						
BROTH	HERS TO THE	RESCUE, INC.							
Principal Place of Business Mailing Address							41411 DEDIT 41811	01011 W/B// 100/	
% JOSE BASULTO 5780 S. W. 84ST ST 5790 SW 84 ST MIAMI FL 33143 MIAMI FL 33143 US						3. Date Incorporated or Qualified 05/13/1991 4. FEI Number		Applied For	
2. Principal P	Place of Business		2a. Mailing Address		 	65-0262771		Not Applicable	<u> </u>
					46	5. Certificate of Status Desired	·-	Additional Required	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	
City & State 23 Coral Gables FL Zip Country Zip City & State 28 Miami F					•	7. Is this nonprofit corporation a homeowners association? Yes No			
zip 24 331	પ6 ₂₅ ૅ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Zip 29 33243 3	Country	SA	This corporation owes or has paid the Personal Property Tax due June 30.	current year I	Intangible	,]
- 1	9. Name and A	Address of Current Re			·····	10. Name and Address of New Registers			j
				81	Name				
BASULTO, JOSE				82 Street Addres		dress (P.O. Box Number is Not Acceptable)	••		1
5790 SW 84 ST Miami Fl 33143				83					-
MIMMIF	L 33143								╛
				84	City	F	85 Zip	p Code	
11. Pursuant office or ragent. I a	to the provisions or registered agent, or rm familiar with, and	f Sections 617.0502 ar r both, in the State of F d accept the obligation	d 617.1508, Florida Statutes lorida. Such change was au s of, Section 617.0503, Flori	s, the above- thorized by t ida Statutes.	named co he corpor	prporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing ppointment a	its registered as registered	1
SIGNATURE .									
12.	Signature, typed or printe	d name of registered agent and OFFICERS AND D		Registered Agent	signature rec	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12	નદ્ધ
TITLE	VD	0,7,02,10,14,00	DELETE	1.1 TITLE	I		Change		10/01
NAME	SCHUSS, WIL	LIAM R.		1.2 NAME					12
STREET ADDRESS	1403 SW 20 8	ST.		1.3 STREET A	DDRESS				Įį.
CITY-ST-ZIP	MIAMI FL	14.		1.4 CiTY-ST-	ZIP		— a.		∫ğ
TITLE	PD Basulto, Jo	or .	L DELETE	21 TITLE			Change	Addition	۲
NAME Street address	5790 SW 84 S			2.2 NAME 2.3 STREET A	nnpree				
CITY-ST-ZIP	MIAMI FL	,		2.4 CITY-ST					
TOTLE	\$D		DELETE	3.1 TITLE	<u></u>		☐ Change	Addition	1
NAME	IGLESIAS, ARI			3.2 NAME	1				
STREET ADDRESS	92 GRAND CA	WAL DRIVE		3.3 STREET A	DDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. DELETE 4.11		- ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1 14 100	4
TITLE NAME	td Lares, Jorg	FΔ	☐ DELETE	4.1 TITLE 4.2 NAME			Change	Addition	
STREET ADDRESS	6319 NW 173			4.2 NAME 4.3 STREET A	ODBESS				
CITY-ST-ZIP	MIAMI FL	I B I II V IVE		4.4 CHTY-ST-	1				
TITLE			☐ DELETE	5.1 TITLE	-		Change	☐ Addition	1
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET AL	DDRESS				
CITY-ST-ZIP			Dr. exe	5.4 CITY - ST-	ZIP			- 1.	-
TITLE	*		☐ DELETE	6.1 TITLE			L. Change	Addition	
NAME STREET ADDRESS				6.2 NAME 6.3 STREET AL	JUBEcc				
T.IILL INDITION				■ 0.0 STREET AL	- DIII. 00				1

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 supplimental 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 acceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/2/98 (300)477-1868

FILED