

FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43427

1. Corporation Name
BROTHERS TO THE RESCUE, INC.

Principal Place of Business 4942 LEJEUNE RD SO 5790 SW 84 ST CORAL GABLES FL 33146 US	Mailing Address P O BOX 430846 MIAMI FL 33243 US
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2. Principal Place of Business 21 4942 LeJeune Road South	2a. Mailing Address 26 P. O. Box 430846	3. Date Incorporated or Qualified 05/13/1991
Suite, Apt. #, etc. 22 Coral Gables, FL	Suite, Apt. #, etc. 27 Miami FL	4. FEI Number 65-0262771
City & State 23 Coral Gables, FL	City & State 28 Miami FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33146	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33243	Country 30 USA	

9. Name and Address of Current Registered Agent BASULTO, JOSE 5790 SW 84 ST MIAMI FL 33143	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSS, WILLIAM R.	1.2 NAME	
STREET ADDRESS	1403 SW 20 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASULTO, JOSE	2.2 NAME	
STREET ADDRESS	5790 SW 84 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IGLESIAS, ARNALDO	3.2 NAME	Guillermo Lares
STREET ADDRESS	92 GRAND CANAL DRIVE	3.3 STREET ADDRESS	6319 NW 173 Terrace
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL 33015
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARES, JORGE A	4.2 NAME	Leopoldo Nunez
STREET ADDRESS	6319 NW 173 TERRACE	4.3 STREET ADDRESS	8520 SW 72 Terrace
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FL 33142
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 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, with all other like empowered.

SIGNATURE: *Jose Basulto* **SIGNATURE REQUIRED** Jose J. Basulto 3/11/99 (305) 477-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)