FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY 22 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44384 **(8)**

1. Corporation Name
S.O.S. LITHUANIA, INC.

Principal Place of Business
9187 SW 96 ST
MIAMI FL 33176

Mailing Address
1601 SW 116 AVE
DAVIE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1991	3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0270936	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 9500 SW 97 St.	26
Suite, Apt. #, etc 22	Suite, Apt #, etc 27
City & State 23 MIAMI, FLORIDA	City & State 28
Zip 24 33176 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KUMPIS, ARIANA
9187 SW 96 ST
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: KUMPIS, ARIANA
82 Street Address (P.O. Box Number is Not Acceptable): 9500 SW 97 St.
83
84 City: MIAMI, FL FL 85 Zip Code: 33325

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	CLOTTEY, BIRUTE P.
STREET ADDRESS	1770 SE 21ST AVE
CITY ST ZIP	POMPANO BEACH FL
TITLE	DP
NAME	KUMPIS, ARIANA
STREET ADDRESS	9187 SW 96 ST
CITY ST ZIP	MIAMI FL
TITLE	DST
NAME	MEYER, RUTH
STREET ADDRESS	1601 SW 116TH AVE
CITY ST ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE	DP	☒ Change ☐ Addition
2 2 NAME	KUMPIS, ARIANA	
2 3 STREET ADDRESS	9500 SW 97 St.	
2 4 CITY ST ZIP	MIAMI, FL 33176	
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 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 an address.

SIGNATURE: Ruth Meyer RUTH MEYER 5-15-95 (305) 475-9685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047178