


FILE NOW: FILING FEE IS \$61.25

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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44384 (8)

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



Principal Place of Business 9500 SW 97 ST. MIAMI FL 33176 US	Mailing Address 1601 SW 116 AVE DAVIE FL 33325-4732 US
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2. Principal Place of Business 21		2a. Mailing Address 26 9500 SW 97 St		3. Date Incorporated or Qualified 07/22/1991		3a. Date of Last Report 05/15/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0270936		Applied For <input type="checkbox"/> Not Applicable	
City & State 23 MIAMI FL		City & State 28 MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33176		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KUMPIS, ARIANA 9500 SW 97 ST. MIAMI FL 33325				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			
				85 Zip Code FL 33176			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLOTTEY, BIRUTE P.		1.2 NAME	
STREET ADDRESS 1770 SE 21ST AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUMPIS, ARIANA		2.2 NAME	
STREET ADDRESS 9500 SW 97 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYER, RUTH		3.2 NAME	
STREET ADDRESS 1601 SW 116TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL		3.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	4.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAKSYS, SANDY		4.2 NAME BAKSYS, SANDY	
STREET ADDRESS		4.3 STREET ADDRESS 915 PALERMO AVE # 209	
CITY-ST-ZIP		4.4 CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME LARRICA, PETER	
STREET ADDRESS		5.3 STREET ADDRESS 14701 SW 76 AVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP MIAMI FL 33158	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME LARRICA, CLAUDIA	
STREET ADDRESS		6.3 STREET ADDRESS 14701 SW 76 AVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP MIAMI FL 33158	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____

CR2E037 (9/96)