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**Mar 06, 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

**DOCUMENT # N44384**

1. Corporation Name

**S.O.S. LITHUANIA, INC.**

Principal Place of Business

9500 SW 97 ST.  
MIAMI FL 33176  
US

Mailing Address

9500 S.W. 97 ST  
MIAMI FL 33176  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/22/1991

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

9. Name and Address of Current Registered Agent

KUMPIS, ARIANA  
9500 S.W 97 ST  
MIAMI FL 33176

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME BAKSYS, SANDY  
STREET ADDRESS 915 PALERMO AVE, #209  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE DP  
NAME KUMPIS, ARIANA  
STREET ADDRESS 9500 SW 97 ST.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DS  
NAME MEYER, RUTH  
STREET ADDRESS 1601 SW 116TH AVE  
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE DT  
NAME LARRICO, PETER  
STREET ADDRESS 14701 S.W. 76 AVE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE DS  
NAME LARRICO, CLAUDIA  
STREET ADDRESS 14701 S.W. 76 AVE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
**PETER LARRICO** 2/25/99 (305) 254-1682  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)