## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

dra B. Mortham

retery of State

1998			DIVISION OF CORPORATIONS						ļ	Secretary of State						
DOCU 1. Corporatio			N45243	3	(5)											
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1781 SW 85TH P O BOX 7343	AVE.				O. BOX 7343 DLLYWOOD FL 33081				3.	Date Incorpore		lified				+
MIRAMAR FL 3	3025			US					-	09/23/11 FEI Number	991		<del></del>		TA::	- " Fay
US									]	65-0286	672			<u> </u>		plied For ot Applicable
2. Principal P	lace of Busi	ness		$\vdash$	. Malling Address			·- ···	6.	Certificate of \$	7.2			\$8		Additional
21 Suite Ant	Sulte, Apt. #, etc.				Suite, Apt. #, etc.											quired
22 Suite, Apt.	#, <del>U</del> IC.			27				1	Election Camp Trust Fund Co	_	ing			.00 k Ided to	May Be Fees	
City & Stat	City & State				Crity & State					7. Is this nonprofit corporation a homeowners association?						
<b>23</b> Zip		т 7	Country	28	Zip	Cou	-str./			=:-	<del></del>			No.		
24 24		25	Ountry	29	Zip	30	linty		B.	This corporation Personal Property				urrent ye	ar Inte	acgible No
	9. Name		Address of Current		tered Agent	100			10.	Name and Ad						
						l	81	Name								
ABRIL, L		· = LH	<b>.</b>				82	Street A	Address (P.	.O. Box Numbe	r is Not Acc	eptat	ole)			
	N. 85TH A R FL 3302		E				83				1 /A					
	M FL 33U2	Ð						<u> </u>		T '	<i>V V</i> 1 1					
						1	84	City					FI		Zip C	
11. Pursuant office or r	to the provis	sions c	Sections 617.0502	and 6	617.1508, Florida Statut ida. Such change was i of, Section 617.0503, Flo	les, the at	bove	-named o	corporation	n submits this s	tatement for	the p	ourpose	of chang	ging Its	s registered
agent. I a	m familiar w	ith, an	d accept the obligati	ions o	I, Section 617.0503, Fi	orlda Stat	utes		Mano	value of uniques	10. 1 110.00,	a,	PI tito up	(DON ROLL	# IL 440	- Diameter or a
SIGNATURE .	Sinneture, type	d or print	ed name of registered agent	and title	Hanolicable (NO	re: Replaterar	4 Aper	ni akonatura i	required when	reinstating)			DATE			
12.			OFFICERS AND			13.				ADDITIONS/CH	ANGES TO	OFFIC		ID DIRE	CTOR	S IN 12
TITLE	DC				DELETE	1.1 10						<u> </u>		☐ Ch	ange	Addition
HAME	ABRIL,					1.2 NA						,				
STREET ADDRESS			STH AVE					ADDRESS					***			
CITY-ST-ZW TITLE	MIRAM/ MD	WI FL			☐ DELETE	1.4 CF 2.1 TF		- ZIP						Ch	ange	Addition
NAME	ABRIL,	ALVA	RO E		<del></del>	2.2 NA		1						_	-	
STREET ADDRESS	1781 8					2.3 ST	REET	address								
CITY-ST-2NP	MIRAM/	<u> AR FL</u>	·			2.40		T-ZIP					<del></del>	- 1		
TITLE	D	^ 1A1	•		DELETE	3.1 111								Ch	ange	Addition
NAME STREET ADORESS	TORRES 2301 N					32 NA		ADDRESS								
CITY-ST-2IP	HOLLY					3.4. CI										
TITLE	S				DELETE	4.1 Til		1	* * * * * * * * * * * * * * * * * * * *					Ch	ange	Addition
NAME	NUNEZ,	MAR	GIE			4.2 N	AME	l								
STREET ADDRESS			NKLE ST.					address								
CITY-5T-ZIP TITLE	MIRAMA VP	<u>H PL</u>	33025		DELETÉ	4.4 Cf		1-Z1P						Ch	noe	Addition
NAME	PEREZ.	HINS	a		that reners	5.1 NA										<b>Lad 19</b>
STREET ADDRESS			AN CIR #407					ADDRESS								
CITY-ST-ZIP	MIRAMA					5.4 CM	TY- <u>\$1</u>	- ZIP								
TITLE					☐ DELETE	6.1 T//	TLE							Ch	ange	Addition
NAME						6.2 NA										NIA
STREET ADDRESS						6.3 ST	REET	ADORESS								

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE:

4-16-98

**FILED** 

Apr 28 1998 8:00am