

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N47148** (4)

1. Corporation Name

ANGEL LOVE CHILDREN CORPORATION



Principal Place of Business

7904 WEST DR. #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141

Mailing Address

7904 WEST DR. #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0310463

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENDIC, ANGELO
7904 WEST DRIVE, #606
NORTH BAY VILLAGE
MIAMI BEACH FL 33141

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	PD	<input type="checkbox"/> DELETE
NAME	LENDIC, ANGELO	
STREET ADDRESS	7904 WEST DRIVE, #606	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LENDIC, ANGELICA	
STREET ADDRESS	7904 WEST DRIVE, #606	
CITY - ST - ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PATINO, EDUARDO	
STREET ADDRESS	10330 SW 144TH CIRCLE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	OTERO, TERESA	
STREET ADDRESS	527 E. 9TH STREET, SUITE 7	
CITY - ST - ZIP	HALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAINIZ, ALEIDA	
STREET ADDRESS	930 HIALEAH DR., #15	
CITY - ST - ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PORTOCARRERO, MARIELA	
STREET ADDRESS	760 NW 112 ST.	
CITY - ST - ZIP	MIAMI FL 33168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARIA Lendic	
1.3 STREET ADDRESS	760 NW 112 ST	
1.4 CITY - ST - ZIP	MIAMI, 33168 FLA	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANUEL MIRANDA	
2.3 STREET ADDRESS	832 N.W 107 ST.	
2.4 CITY - ST - ZIP	MIAMI FL 33168	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EFRAIN Fonseca	
3.3 STREET ADDRESS	832 NW 107 ST.	
3.4 CITY - ST - ZIP	MIAMI 33168 FLA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb, 14/96

305-757-4718

CR2E037 (12/95)