

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47148**

(4)

1. Corporation Name

ANGEL LOVE CHILDREN CORPORATION

Principal Place of Business

Mailing Address

7904 WEST DR. #806  
NORTH BAY VILLAGE  
MIAMI BEACH FL 33141

7904 WEST DR. #806  
NORTH BAY VILLAGE  
MIAMI BEACH FL 33141

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LENDIC, ANGELO  
7906 WEST DRIVE  
#606  
NO. BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

65-0310463

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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	PD	<input type="checkbox"/> DELETE
NAME	LENDIC, ANGELICA	
STREET ADDRESS	7904 WEST DRIVE, #606	
CITY-ST-ZIP	NO. BAY VILLAGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LENDIC, ANGELICA	
STREET ADDRESS	7904 WEST DRIVE, #606	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLANCO, OLGA	
STREET ADDRESS	630 NW 195 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	OTERO, TERESA	
STREET ADDRESS	527 E. 9TH STREET, SUITE 7	
CITY-ST-ZIP	HALEAH FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	ARDILA, JORGE A.	
STREET ADDRESS	400 LAKEVIEW DR., 886-202	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PORTOCARRERO, MARIELA	
STREET ADDRESS	700 NW 112 ST.	
CITY-ST-ZIP	MIAMI FL 33188	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGELICA LENDIC	
1.3 STREET ADDRESS	7904 WEST DR. #606	
1.4 CITY-ST-ZIP	N. BAY VILLAGE 33141 FLA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)