

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002528 (8)

1. Corporation Name

CEDARS AUXILIARY, INC.

Principal Place of Business

Mailing Address

1400 NW 12TH AVE  
MIAMI FL 33136

1400 NW 12TH AVE  
MIAMI FL 33136

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1993

4. FEI Number

65-0415064

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

Patricia de Marquez

82 Street Address (P.O. Box Number is Not Acceptable)

8420 SW 84 Terr

83

84 City

MIAMI 33143

FL

85 Zip Code

33143

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: Patricia de Marquez, President Cedars Auxiliary, 3/17/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BRATSPIS, SELMA R.	
STREET ADDRESS	1020 MERIDIAN AVENUE, #509	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARQUEZ, PATRICIA	
STREET ADDRESS	8420 SOUTH WEST 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAMPMAN, MILDRED	
STREET ADDRESS	14103 SW 66 ST., APT. B2	
CITY-ST-ZIP	MIAMI FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SOULE, ANNE	
STREET ADDRESS	14103 S.W. 66TH STREET, #B-2	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COVERMAN, HYMAN	
STREET ADDRESS	9231 S.W. 66TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERLIN, IRVING	
STREET ADDRESS	1001 91ST STREET, #309	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adele Cuno	
1.3 STREET ADDRESS	1020 Meridian Ave #902	
1.4 CITY-ST-ZIP	Miami Beach, FL 33139	

2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia de Marquez	
2.3 STREET ADDRESS	8420 SW 84TH TERRACE	
2.4 CITY-ST-ZIP	Miami FL 33143	

3.1 TITLE	Selma R. Bratpis	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1020 Meridian Ave #509	
3.3 STREET ADDRESS	Miami Beach, FL 33139	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Belle Berlin	
5.3 STREET ADDRESS	1001 91 ST #309	
5.4 CITY-ST-ZIP	Bay Harbor Island FL	

6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Belle Berlin	
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: Patricia de Marquez, 3/17/98

CR2E037 (10/97)

Dep'd. 25