SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



Mailing Address

8050 NW-176 ST

MIAMI FL 33105

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9300005045 1. Corporation Name

8050 NW 176 ST- -

MIAMI FL 33105

Principal Place of Business

RAFTER RESCUE LEGION & LEGION DE RESCATE DE BALS EROS, INC. MIAMI DIVISION

						i (Boitth) his inide mill dout bain sein sein sein	BIB! BIISI BBII	1 01001 0 111 1001
2. Principal F	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 11/08/1993		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	$ \prod_{i}$	Applied For
22		27				65-0448856		Not Applicable
City & Sta	y & State City & State			,		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Count	rv		6. Election Campaign Financing	\$5.0	O May Be
24	25		30	_		Trust Fund Contribution		d to Fees
	9. Name and Address of Curre		[30]			10. Name and Address of New Registered	Agent	
	Hallio 1001000 01 00110		8	1 N	ame			
DENIAL UE	D 1000F F				<u>:</u>	,		
1	ER, JORGE E		8	2 St	reet Add	ress (P.O. Box Number is Not Acceptable)		l
8050 NW			8	3				
MIAMI FL	-33105		١	٦	ļ			
			8	4 C	ity	FL	85 Zi	ip Code
								ite registered
office or	registered agent, or both, in the State	ા of Florida. Such change was at	uthorized b	y the	corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as	registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, Flor	rida Statute	95.	-	,		
SIGNATURE								
	Signature, typed or printed name of registered ag-	, , , , , , , , , , , , , , , , , , , ,		ent sign	ature require	ed when reinstating) DATE	ND DIREC	TODE IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	□ Chang	
TITLE	VPT	☐ DELETE	1.1 TITLE		ľ		Chang	e 🗆 Abadon
NAME	BRINGUIER, LIDIA M		1.2 NAMI	E				
STREET ADDRESS	8050 NW 176 ST		1.3 STRE	ET ADD	RESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP				
TITLE	PD	☐ DELETE	TE 2.1 TITL				Chang	ge
NAME	BRINGUIER, JORGE E		2.2 NAM	2.2 NAME				
STREET ADDRESS	The same and the s		2.3 STRE	2.3 STREET ADORESS				
CITY-ST-ZIP	MIAMI FL		2. 4 C(T)	r-ST-ZIF	,			
TITLE	SD	☐ DELETE	3.1 TITLE	 ;			☐ Chang	ge 🔲 Addition
NAME	LLENZA, GILBERTO E		3.2 NAM	E				
STREET ADDRESS			3.3 STRE		RESS			
]	ROSALEDA #2 LEWITOWN PT		3.4. CITY					
TITLE	HUSALEUM #2 LEWITUWIN PI	☐ DELETE	4.1 TITLE				Chang	e Addition
			4.1 HALE					_
NAME	1		•					
STREET ADDRESS			4.3 STRE		1			اء سجيسي د
CITY-ST-ZIP			4.4 CITY		$-\!\!\!\!+\!\!\!\!\!-$			na 🗔 Adrition
TITLE		□ DELETE	5.1 TITLE	=			Chang	ge 🔲 Addition

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

FILED

Aug 17, 1999 8:00 am Secretary of State

08-17-1999 90009 045 ****61.25

* 6 66662 - 90609 - 45 2 *

☐ 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.