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FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005176 (3)

1. Corporation Name

STO. NINO (SINULOG) OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

10141 NW 24TH COURT
SUNRISE FL 3332210141 NW 24TH COURT
SUNRISE FL 33322-26293. Date Incorporated or Qualified
11/10/19933a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 8180 N.W. 47 Drive

26 8180 N.W. 47 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs, FL.

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33067

25 Broward

29 33067

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTAD, ROSE S OY
10141 NW 24TH COURT
SUNRISE FL 33322

81 Name

PRECY LIM

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

8180 N.W. 47 Drive

83

84 City

Coral Springs

FL

85 Zip Code

33067

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BATTAD, ROSE S	
STREET ADDRESS	10141 NW 24TH COURT	
CITY-ST-ZIP	SUNRISE FL 33322	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TAN, JULIA C	
STREET ADDRESS	12220 QUILTING LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRAS, DENCY S	
STREET ADDRESS	5160 S.W. 19TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SABARILLO, JOE	
STREET ADDRESS	4700 N.W. 89TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRECY LIM	
1.3 STREET ADDRESS	8180 N.W. 47 Drive	
1.4 CITY-ST-ZIP	Coral Springs, FL 33067	

2.1 TITLE	T.D. EMELINA E. Poblete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3257 N.W. 102 Terrace	
2.3 STREET ADDRESS	SUNRISE, FL. 33351	
2.4 CITY-ST-ZIP		

3.1 TITLE	D. ALEXANDER B. BATTAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	10141 N.W. 24 CT.	
3.3 STREET ADDRESS	SUNRISE, FL 33322	
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 do 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 as an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED

2/18/97

954-346-0928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036992

CR2E037 (9/96)