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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005176

1. Corporation Name

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



Principal Place of Business

8180 NW 47 DR
 CORAL SPRINGS FL 33067
 US

Mailing Address

8180 NW 47 DR
 CORAL SPRINGS FL 33037
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/10/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0453492

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIM, PRECY
 8180 NW 47 DRIVE
 CORAL SPRINGS FL 33067

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME LIM, PRECY
 STREET ADDRESS 8180 NW 47 DR
 CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME POBLETE, EMELINA G
 STREET ADDRESS 3257 NW 102 TERRACE
 CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME BARRAS, DENCY S
 STREET ADDRESS 5160 S.W. 19TH STREET
 CITY-ST-ZIP PLANTATION FL 33317

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V DELETE
 NAME SABARILLO, JOE
 STREET ADDRESS 4700 N.W. 99TH TERRACE
 CITY-ST-ZIP CORAL SPRINGS FL 33071

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BATTAD, ALEXANDER B
 STREET ADDRESS 10141 NW 24 CT
 CITY-ST-ZIP SUNRISE FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)