

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000153 (6)**

1. Corporation Name

GRACES OF AMERICA, INC.



Principal Place of Business

**6601 SW 137TH COURT-STE. A
MIAMI FL 33183**

Mailing Address

**6601 SW 137TH COURT-STE. A
MIAMI FL 33183**

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

21 *same*

2a. Mailing Address

26 *same*

4. FEI Number

65-0458761

Applied For

Not Applicable

5. Certificate of Status Desired

NONPROFIT CORP

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MANTILLA, GILBERTO
6601 SW 137TH COURT-STE. A
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name

same

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **MANTILLA, GILBERTO L**
CITY-ST-ZIP **6601 S.W. 137TH CRT. STE. A
MIAMI FL 33183**

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **OGDEN, IRMA**
CITY-ST-ZIP **2150 SANS SOUS BLVD APT A-903
N MIAMI FL 33181**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **AGREDA, TARCILA B**
CITY-ST-ZIP **6601 S.W. 137TH CRT. STE. A
MIAMI FL 33183**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **SARA KELLY**
1.4 CITY-ST-ZIP **6601 SW 137 CT. STE. A
MIAMI, FL. 33183**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D.**
2.3 STREET ADDRESS **LUISA DIAZ-PADRON**
2.4 CITY-ST-ZIP **3537 NW. 6 ST. MIAMI-FL
33135**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D.**
3.3 STREET ADDRESS **SANDOR TERNYIK**
3.4 CITY-ST-ZIP **119 CIBAO CT. SUITE-2
MIAMI, FL. 33134**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D.**
4.3 STREET ADDRESS **LORENZO VARGAS**
4.4 CITY-ST-ZIP **6601 SW 137 CT. STE. A
MIAMI, FL. 33183**

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *GILBERTO MANTILLA* **GILBERTO MANTILLA. 4.22.96.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(305) 446-5531** Daytime Phone #

CR2E037 (12/95)