

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. North</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000000153 (6)**

1. Corporation Name

**GRACES OF AMERICA, INC.**



Principal Place of Business	Mailing Address
<b>6801 SW 137TH COURT-STE. A MIAMI FL 33183</b>	<b>6801 SW 137TH COURT-STE. A MIAMI FL 33183</b>

3. Date Incorporated or Qualified

**01/03/1994**

4. FEI Number

**65-0458761**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 same**

**2a same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**MANTILLA, GILBERTO  
6801 SW 137TH COURT-STE. A  
MIAMI FL 33183**

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

**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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MANTILLA, GILBERTO L</b>	
STREET ADDRESS	<b>6801 S.W. 137TH CRT. STE. A</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>OGDEN, IRMA</b>	
STREET ADDRESS	<b>2150 SANS SOUS BLVD APT A-903</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>AGREDA, TARCILA B</b>	
STREET ADDRESS	<b>6801 S.W. 137TH CRT. STE. A</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SARA KELLY</b>	
STREET ADDRESS	<b>6801 SW 137 CT. STE 2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ-PADRON, LUISA</b>	
STREET ADDRESS	<b>3537 NW 6 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANDOR TERNIYIK</b>	
STREET ADDRESS	<b>119 CIBAO CT. SUITE -2</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE	
2. NAME	<b>same</b>
3. STREET ADDRESS	
4. CITY-ST-ZIP	

2. TITLE	
2. NAME	<b>SAME</b>
2. STREET ADDRESS	
2. CITY-ST-ZIP	

3. TITLE	
3. NAME	<b>SAME</b>
3. STREET ADDRESS	
3. CITY-ST-ZIP	

4. TITLE	
4.2 NAME	<b>C/D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	<b>C/D</b>
5.3 STREET ADDRESS	<b>LORENZO VARGAS</b>
5.4 CITY-ST-ZIP	<b>6601 SW 137 CT. STE. A MIAMI, FL 33183</b>

6.1 TITLE	
6.2 NAME	<b>CARLOS MORENO</b>
6.3 STREET ADDRESS	<b>201 N.W. 72 AV. ST. 208</b>
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33126-4313</b>

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0033840**

CR2E037 (10/97)