

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**  
 95 MAY 18 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION  
 ANNUAL REPORT  
 1995



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

DOCUMENT # **N94000000177 (5)**

CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 165 E PALMETTO PARK RD BOCA RATON FL 33432  
 Mailing Address: 165 E PALMETTO PARK RD BOCA RATON FL 33432

3. Date Incorporated or Qualified	3a. Date of Last Report
01/05/1994	
4. FEI Number	Applied For
65-0459810	Not Applicable
5. Certificate of Status Desired	\$68.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CARMAN, DEBORAH A**  
 165 E PALMETTO PARK RD  
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGANI, DAVID	12 NAME	V/D
STREET ADDRESS	12123 ROCKWELL WAY	13 STREET ADDRESS	STEPHAN EPSTEIN
CITY, ST, ZIP	BOCA RATON FL 33428	14 CITY, ST, ZIP	4311 NE 4TH AVE
TITLE	D	15 TITLE	V/D
NAME	WASSERMAN, JACI	16 NAME	
STREET ADDRESS	33340 HOLLYHOCK TR	17 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	18 CITY, ST, ZIP	BOCA RATON, FL 33431
TITLE	D	19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, RICHARD	20 NAME	P/D
STREET ADDRESS	21300 PLACIDA TERR	21 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33433	22 CITY, ST, ZIP	
TITLE	D	23 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MICHAEL	24 NAME	T/D
STREET ADDRESS	22216 COLLINGTON DR	25 STREET ADDRESS	FRAN KOWLER
CITY, ST, ZIP	BOCA RATON FL 33428	26 CITY, ST, ZIP	9296 LAKE SERENA DR
TITLE	D	27 TITLE	
NAME	DOCKS, MICHAEL	28 NAME	
STREET ADDRESS	12089 QUILTING LN	29 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL 33428	30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY, ST, ZIP		38 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 119.02(1)(b), Florida Statutes. I further certify that the information included 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 this corporation or that the name of another empowered to make up this report as required by Chapter 117, Florida Statutes, and that my name appears on the filing of this report as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED  
AND  
FILED

95 MAY 19 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000000868 (9)**

1. Corporation Name

**BEAR CREEK PONY LEAGUE, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <i>for IRS</i>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
747 VIRGINIA WOODS LN ORLANDO FL 32824		747 VIRGINIA WOODS LN ORLANDO FL 32824	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**BERG, SUSAN**  
747 VIRGINIA WOODS LN  
ORLANDO FL 32824

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature of Registered Agent or Registered Agent for Future Requirements)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, SUSAN	12 NAME	
STREET ADDRESS	747 VIRGINIA WOODS LN	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32824	14 CITY, ST, ZIP	
TITLE	DV	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, DONALD	16 NAME	
STREET ADDRESS	390 CHICAGO WOODS	17 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32824	18 CITY, ST, ZIP	
TITLE	DS	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIA, PAT	20 NAME	
STREET ADDRESS	496 KENTUCKY WOODS LN W	21 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32824	22 CITY, ST, ZIP	
TITLE	DT	23 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDO, JUDY	24 NAME	
STREET ADDRESS	12809 ILLINOIS WOODS	25 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32824	26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 checked on an attachment with an address.

SIGNATURE: *Susan Berg* SUSAN BERG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 (902) 931-1914  
(Date) (Phone Number)

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95 MAY 10 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000001010 (7)**

1. Corporation Name

**INDEPENDENT HAITIAN CHURCH OF GOD, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3709 GUILFORD ROAD  
NAPLES FL 33962

3709 GUILFORD ROAD  
NAPLES FL 33962

3. Date incorporated or Qualified

03/01/1994

3a. Date of Last Report

4. FEI Number

65-0164341

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes

YES  NO

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DESVARISTES, ERIC  
3709 GUILFORD ROAD  
NAPLES FL 33962

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Type of Officer, Director, Registered Agent, and Title (See Instructions)

Or Title Registered Agent Signature Required when Installing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: DESVARISTES, ERIC  
STREET ADDRESS: 3709 GUILFORD ROAD  
CITY, ST, ZIP: NAPLES FL 33962

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY, ST, ZIP:

TITLE: D  
NAME: GULES, GOSUE  
STREET ADDRESS: 3709 GUILFORD ROAD  
CITY, ST, ZIP: NAPLES FL 33962

21 TITLE:  Change  Addition  
22 NAME: JOUUE JULES  
23 STREET ADDRESS: 4690 PARROT AVE  
24 CITY, ST, ZIP: NAPLES, FL 33942

TITLE: D  
NAME: ALCENE, BERNO  
STREET ADDRESS: 3709 GUILFORD ROAD  
CITY, ST, ZIP: NAPLES FL 33962

31 TITLE:  Change  Addition  
32 NAME: BERNEAU ALLINE  
33 STREET ADDRESS: 5209 HOLLAND BLVD  
34 CITY, ST, ZIP: NAPLES, FL 33962

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY, ST, ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 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(2)(b), 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: *Eric Desvaristes*

5-14-95 813 7931097

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ANNUAL REPORT  
1995



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

APPROVED AND FILED  
20 MAY 19 11:10:15  
RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002181 (5)**

1. Corporation Name  
**CIRCULO DE LUZ GRUPO SANTIAGO ARANEGUI, INC.**

Principal Place of Business Mailing Address  
**7740 S.S. 29TH ST. MIAMI FL 33155**      **7740 S.S. 29TH ST MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/02/1994</b>	3a. Date of Last Report
4. FEI Number <b>* 65-0490325</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country

9. Name and Address of Current Registered Agent

**JIMENEZ, MAGALY  
13227 S.W. 43RD LANE  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent or officer or director) (If 211 Registered Agent (applies to registered office members) (S.A.))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>JIMENEZ, MAGALY</b> 13227 S.W. 43RD LANE MIAMI FL 33175	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b>	<b>ARANEGUI, MARISELA</b> 7740 S.W. 29TH ST. MIAMI FL 33155	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b>	<b>JIMENEZ, RAFAEL E</b> 13227 S.W. 43RD LANE MIAMI FL 33175	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b>	<b>VILLAMIZAR, DIEGO</b> 1915 S.W. 107TH AVE. #408 MIAMI FL 33185	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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(6)(b), Florida Statute. 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: *Magaly Jimenez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95