## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400000745 (9)

Corporation Name	11	110-10000007-45	(3)
SOUL REAPERS	, INC.		

Principal Place of Business	Mailing Address
6532 FLETCHER STREET HOLLYWOOD FL 33023	P O BOX 640100 N MIAMI BEACH FL 33164-0100



6532 FLETCHER STREET HOLLYWOOD FL 33023 US			P O BOX 640100 N MIAMI BEACH FL 33164-0100 US				3. Date Incorporated or Qualified		Last Report	
							02/14/1994	07/0	7/1995	
2. Principal Pl	rincipal Place of Business 2a. Mailing Address 26					4. FEI Number 65-0469363		Applied For Not Applicable		
Suite, Apt.			<b>├</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e		City & State				Election Campaign Financing     Trust Fund Contribution	<b>\$</b>	5.00 May Be Added to Fees	
Zip <b>24</b>	<b>25</b>	Country	Zip Countr 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes X No			
9. Name and Address of Current Registered Agent				L	10. Name and Address of New Registered Agent					
					81	Name		giotorea Agen		
WILLIAM	IS, BETSY									
11312 SW 133RD PL					82	Street Ac	ldress (P.O. Box Number is Not Acceptable	o) 		
MIAMI F	L 33186				83					
44 0		0.5.00		· ·	84	City		FL 85	·	
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										
12.	Signature, typed or printer	diname of registered agost :		(NOTE: Reg		it signatura redu	red when reinstating)	DATE		
TITLE	D	OFFICERS AND			13.		ADD-TIONS/CHANGES TO OFFIC			
NAME	_	CLEVEION JR	□DEL	.c.ic	1.1 TITLE	-		☐ Cha	inge 🔲 Addition	
	6532 FLETCH				1.2 NAME					
STREET ADDRESS	HOLLYWOOD				1.3 STREET					
CITY-ST-ZIP TITLE	D	T L 33023	DEL	ETE	1.4 CITY - S	T - ZIP				
NAME	FERGUSON,	JOYCEI YN		.012	21 TITLE			☐ Cha	inge 🔲 Addition	
STREET ADDRESS	6532 FLETCH			1	2 2 NAME	1000100				
CITY-ST-ZIP	HOLLYWOOD				2 3 STREET					
TITLE	D	1.00020	DEL	FTF	2 4 CITY - S	51 - ZH			nee	
NAME	WILLIAMS, BE	TSY	المراد ال		3 2 NAME			Cha	nge 🔲 Addition	
STREET ADDRESS	11312 SW 13			1	3 3 STREET	4000000				
CITY - ST - ZIP	MIAMI FL 331				34 CITY-5					
TITLE			DEL	ETE	41 TITLE	11 · ZIP		Cha	nge Addition	
NAME			<b>G</b>		4. 2 NAME				rige [_] Addition	
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - S					
TITLE			☐ DEL	ÉTE	5 1 TITLE			Cha	nge 🔲 Addition	
NAME			_		5 2 NAME					
STREET ADDRESS				ŀ	53 STREET	ADDRESS				
CITY - ST - ZIP					54 CITY · S					
TITLE			DEL	ETE	61 TITLE	-		Cha	nge Addition	
NAME					6 2 NAME			, 3/1G		
STREET ADDRESS					6 3 STREET	ADDRESS				
CITY-ST-ZIP					64 City - S	T- 7IP				
14. I do hereb	y certify that the inf	ormation supplied w	rith this filing is volunta	arily furnished	and does	not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. 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:

Uwen Funded NAME OF SIGNING OFFICER OR DIRECTOR

305-985-3896