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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

## **DOCUMENT # N9400001575 (9)**

Discissi Disc	E BAPTISTE MORIJA, HOUS						
Principal Place of Business  535 NORTH WEST 97TH STREET MIAMI FL 33150 US		Mailing Address			1 140/11/01 B10 191/1 B19/11 B19/11 B19/1	ıı maitt dösti Beldi siddi Ai	*** ***** **** 1981
		535 NORTH WEST 97TH STREET MIAMI FL 33150					
••					3. Date Incorporated or Qualified		
2. Principal Pl	lace of Business	2a. Mailing Address			03/25/1994 4. FEI Number	05/01/	Applied For
11		26			65-0514941	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
City & State	A	City & State					e Required
3		28			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country	y	This corporation has liability for		
4	25	29	30		Florida Statutes	☐ Yes ☐ No	. (40:002,
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New	Registered Agent	
TOURSAL	INT LOUIS E						
Toussaint, Louis F 535 North West 97th Street			82	Street Addi	iress (P.O. Box Number is Not Accepta	ible)	
MIAMI FL	==:		83	1			<del>-</del>
			84	City		OE :	Zıp Code
22 6 2 2	10 017.000		·	' '			•
<ol> <li>Pursuant r</li> </ol>	to the provisions of Sections 617 USD:		والمساهر سمالا مساهيناه		ration cultimite this statement for the or	groce of changing its	registered offic
or registers	red agent, or both, in the state of fight	2 and 617.1508, Florida Sta rida. Such change was autho	orized by the corr	nameo corpor poration's boa	ird of directors. Thereby accept the app	naintment as registere	ed agent. I am
familiar wit	red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	ida, auch change was autho	orized by the corr	named corpor poration's boar	rd of directors. I hereby accept the app	cointment as registere	ed agent. I am
familiar wit	red agent, or both, in the state of fight	tion 617.0503, Florida Statu	orized by the corp ites.	Doration's Dogi	rd of directors. I hereby accept the app	DATE	ed agent. I am
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Lows & Toussoint Daving Tousson 4/29/96 3W 4516109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BY Day THE Phone !