FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003103 (8)

1. Corporation Name

CASA DE MISERICORDIA, INC.

Principal Place of Business	Mailing Address
12521 SW 112TH AVE MIAMI FL 33176	12521 SW 112TH AVE MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0500119 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 12395 SW 130 St.	26 13727 SW 152 St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Box 246
23 City & State: Miami, Fl.	28 City & State: Miami, Fl.
24 Zip: 33186 — 25 Country: Dade	29 Zip: 33177 — 30 Country: Dade

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE JESUS, JOSEPH A 12521 SW 112TH AVE MIAMI FL 33176	81 Name: Lawrence M. Couch 82 Street Address (P.O. Box Number is Not Acceptable): 15025 SW 141 CT. 83 84 City: Miami — FL — 85 Zip Code: 33186

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] Lawrence M. Couch; President 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	DE JESUS, JOSEPH A	12 NAME	Couch, Lawrence M.
STREET ADDRESS	12521 SW 112TH AVE	13 STREET ADDRESS	15025 SW 141 CT.
CITY-ST-ZIP	MIAMI FL 33176	14 CITY-ST-ZIP	Miami, Fl. 33186
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	QUINTANA, ROBERTO O	22 NAME	
STREET ADDRESS	8038 SW 103RD AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	OGLIVIE, OSCAR	32 NAME	
STREET ADDRESS	1005 SW 94TH CT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	ANZUETO, JOSE	42 NAME	
STREET ADDRESS	14203 SW 66TH ST #207-B	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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(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: [signature] Lawrence M. Couch 4/26/95 (305) 378-6697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008967