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FILED

May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003706 (8)

1. Corporation Name

FUNDACION DE NUESTRA MADRE AMANTISIMA, INC.



Principal Place of Business

Mailing Address

1301 N 66TH AVENUE
HOLLYWOOD FL 33024
US1301 N 66TH AVENUE
HOLLYWOOD FL 33024-5829
US3. Date Incorporated or Qualified
07/25/19943a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0508101Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGNETTA, PASQUALE
1141 NW 108TH AVENUE
PLANTATION FL 33322

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COGNETTA, PASQUALE
STREET ADDRESS 1141 NW 108 AVENUE
CITY-ST-ZIP PLANTATION FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SD
NAME KREZMIEN, LAWRENCE
STREET ADDRESS 1497 SW 29 AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL
☒ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVP KREZMIEN, LAWRENCE
1497 SW 29 ave FT. Land
Ft. Lauderdale, FL 33312
☐ Change ☒ AdditionTITLE DT
NAME CHERNEGA, JULIANNE
STREET ADDRESS 2130 N 46 AVENUE
CITY-ST-ZIP HOLLYWOOD FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DVP
NAME DIAZ, OSCAR
STREET ADDRESS 18151 NE 31 COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL
☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
SECRETARY
ANA E. RBA
3396 FOXGROVE RD. APT 116
MIAMI, FL 33025
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023717

CR2E037 (9/96)