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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400004890 (9)

SIERVAS DE LOS CORAZONES TRASPASADOS DE JESUS Y MARIA INC.

Principal Place of Business	Principal	Place	of	Busir	1 0 SS
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Mailing Address

3098 S.W. 14TH ST. MIAMI FL 33145

3098 S.W. 14TH ST. MIAMI FL 33145



MIRMITE SOI	140		MINNI FL	33143						
							3. Date Incorporated or Qualified 10/04/1994	3a. Date of La: 01/27/		
<u> </u>	lace of Business		2a. Mailing	Address				4. FEI Number		Applied For
21	0		26					59-3274817		Not Applicable
Suite, Apt. #, etc.		Suite, /	Suite, Apt. #, etc.				5. Certificate of Status Desired	1	5 Additional Required	
City & State			City &	State				1.5.		· · · · · · · · · · · · · · · · · · ·
23	, ·						Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip	Too	ountry	Zip	·	Count	trv		This corporation has liability for in		
24	25	•	29	l:	30	.,			itangiole tax under] Yes ⊡•No	s. 199.032,
	9. Name and A	ddress of Current	Registered A					10. Name and Address of New Re		
					8	31	Name		<u> </u>	
LANZAS.	, ANA M					12	Ct. sat Add.	ess (P.O. Box Number is Not Acceptable		
3098 S.V	N. 14TH ST.				l°	32	Street Actore	ess (F.O. Box Norriber is Not Acceptable	3)	
MIAMI FI	L 33145				8	33				
						34	City		las I	Zip Code
										•
or register	red agent, or both, ir	r the State of Florida	. Such change	was authorized	the above by the co	e-na rpor	med corpora ation's board	ation submits this statement for the purp d of directors. I hereby accept the appoi	ose of changing its intment as registere	registered office ed agent. I am
SIGNATURE	in, and accept the c	ioligations of, Section	1617.0503, FI	orida Statut e s.						
	Signature, typed or printed	name of registered agent an		-JTO/N)		gent s	signature required	when reinstating)	DATE	
12.		OFFICERS AND		105,575	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	D ALINDO ADI	-a A 1	ı	DELETE	1.1 TITLE		i		Change	Addition
NAME	GALINDO, ADE				1.2 NAM					
STREET ADDRESS	3098 S.W. 141				1.3 STRE					
CITY-ST-ZIP	MIAMI FL 3314	13	·	The exe	1 4 CITY		ZIP			
TITLE		1.44	Į	DELETE	2 1 TITLE				☐ Change	Addition
NAME	ORS, CARMEN				22 NAM					
STREET ADDRESS	3098 S.W. 14T				23 STRE					
CITY-ST-ZIP TITLE	MIAMI FL 3314	13		DELETE	2 4 CITY		-ZIP			
	LANZAS, ANA	M	l.	Thereis	3 1 TITLE				Change	Addition
NAME Proces Longson	3098 S.W. 147				3 2 NAM		{			
STREET ADDRESS					3 3 STRE					
CITY-ST-ZIP	MIAMI FL 3314	13	<u>-</u>	TOELETE	3 4. CITY		- ZIP			
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STREET ADORESS					4 3 STRE					
CITY - ST - ZIP TITLE					4 4 CITY		ZIP			
			r	"Inclete						☐ Addition
			Ī	DELETE	5 1 TITLE				Change	
NAME				DELETE	5.2 NAMI	ΙE			Change	
NAME STREET ADDRESS				DELETE	5 2 NAMI 5 3 STRE	IE Eet al			Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	5 2 NAMI 5 3 STRE 5 4 CITY 6 1 TIFLE	IE EET AL - ST- E			☐ Change	Addition
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME					5 2 NAMI 5 3 STRE 5 4 CITY	IE EET AL - ST- E				
NAME STREET ADDRESS CITY-ST-ZIP TITLE					5 2 NAMI 5 3 STRE 5 4 CITY 6 1 TIFLE	IE EET AL - ST- E	ZIP			

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:

BIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-91

(305) 444-7437

Daytima Phone #