

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000006213 (2)

1. Corporation Name

FRIENDS OF FELINES FOUNDATION INC.



Principal Place of Business

Mailing Address

P.O. BOX 350032
MIAMI FL 33135

P.O. BOX 350032
MIAMI FL 33135

3. Date Incorporated or Qualified
01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0552158

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

8. 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

JAIME, RAMON
2389 N.W. 5TH STREET
MIAMI FL 33125

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 DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME D Ramon Jaime
1.3 STREET ADDRESS 2389 N.W. 5th Street
1.4 CITY - ST - ZIP Miami, Florida 33125

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME D Nora Acosta
2.3 STREET ADDRESS 2389 N.W. 5th Street
2.4 CITY - ST - ZIP Miami, Florida 33125

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME D Nipsa Acosta
3.3 STREET ADDRESS 628 S.W. 16th Avenue #4
3.4 CITY - ST - ZIP Miami, Florida 33135

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME 600001923896
6.3 STREET ADDRESS -08/16/96--01012--021
6.4 CITY - ST - ZIP ***61.25

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: *Ramon Jaime* Ramon Jaime

02/02/96

(305) 649-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 8116196

CR2E037 (12/95)