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FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortherm**  
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

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

5. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/01/1995**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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)  
**162 N.E. 22nd Street**

83

84 City  
**Miami**

FL

85 Zip Code  
**33137**

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

TITLE ☐ DELETE

NAME **JAIME, RAMON**  
STREET ADDRESS **2389 N.W. 5TH STREET**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ DELETE

NAME **ACOSTA, NORA**  
STREET ADDRESS **2389 N.W. 5TH STREET**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ DELETE

NAME **ACOSTA, NIPSA**  
STREET ADDRESS **628 S.W. 16TH AVENUE #4**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **162 N.E. 22nd Street**  
1.4 CITY-ST-ZIP **Miami, Florida 33137**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **162 N.E. 22nd Street**  
2.4 CITY-ST-ZIP **Miami, Florida 33137**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: *Ramon Jaime* **Ramon Jaime** 04/20/98 (305) 268-1122

CR2E037 (10/97)