

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 # N94000006301 (5)

1. Corporation Name

BRANCHES OF LOVE, INC.



Principal Place of Business

12951 S. CALUSA CLUB DRIVE  
MIAMI FL 33186

Mailing Address

12951 S. CALUSA CLUB DRIVE  
MIAMI FL 33186

3. Date Incorporated or Qualified  
12/23/1994

3a. Date of Last Report  
07/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0545854

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

BONNER, ESPERANZA M  
12951 S. CALUSA CLUB DRIVE  
MIAMI FL 33186

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 D ☐ DELETE  
NAME MILLON, ESPERANZA  
STREET ADDRESS 1242 THRUSH AVENUE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BONNER, ESPERANZA M  
STREET ADDRESS 12951 S. CALUSA CLUB DRIVE  
CITY-ST-ZIP MIAMI FL 33186

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MILLON, PATRICIA  
STREET ADDRESS 12951 S. CALUSA CLUB DRIVE  
CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D Young Miryam  
3.3 STREET ADDRESS 3550 N.W. 59 AVE  
3.4 CITY-ST-ZIP Miami - Florida 33122

TITLE D ☒ DELETE  
NAME MILLON, ERIKA  
STREET ADDRESS 10701 S.W. 92ND AVE.  
CITY-ST-ZIP MIAMI FL 33176

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D Jaramillo Alicia  
4.3 STREET ADDRESS 13011 S. Calusa Club Drive  
4.4 CITY-ST-ZIP Miami - Florida 33186

TITLE D ☒ DELETE  
NAME MILLON, MADELAINE  
STREET ADDRESS 15268 79TH TERRACE NORTH  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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  
6.3 STREET ADDRESS  
6.4 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:

*Esperanza M. Bonner*

Esperanza M. Bonner 04-09-96

Date

Daytime Phone #

(305) 526-1155

CR2E037 (12/95)