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FILE NOW: FILING FEE IS \$61.25

'NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9400006301 (5)

BRANCHES OF LOVE, INC.

| | | | | | | E BIRBA MILLENIFA (ABI LED) | |
|--|---|--|--|--|---|---|--|
| Principal Place of Business Mailing Address | | | | i radicines dem sorte profit datici descri descri descri | 8 MISMA 11111 MATAT 15A7 18A1 | | |
| 12951 S. CALUSA CLUB DRIVE 12951 S. CALUSA CLUB MIAMI FL 33186 MIAMI FL 33186 | | | 12961 S. CALUSA CLUB DRIVE Miami Fl 33186 | | 3. Date Incorporated or Qualified | | |
| | | MIAMI FL 33186 | | | 12/23/1994 | | |
| | | | | | 4. FEI Number | Applied For | |
| | | | | | 65-0545854 | Not Applicable | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8.75 Additional | | |
| 21 26 | | 26 | | | Continuate of Status Desired | Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | |
| 27 | | 27 | | | Trust Fund Contribution | Added to Fees | |
| _ ′ | City & State City & State | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 28 | | | | ☐ Yes ☐ No | | | |
| Ζιρ | Country | Ζιρ | Cour | ntry | 8. This corporation owes or has paid the curre | ent year Intangible | |
| 24 | 25 | 29 | 30 | | | Yes 🔲 No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 Name | | Ì | |
| BONNER | r. Esperanza M | | h | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | 12951 S. CALUSA CLUB DRIVE | | ľ | Oli Coli | Address (1.0. Box Hamber is Not Necoplable) | | |
| MIAMI FL 33186 | | | 83 | | | | |
| MICHAELL | 2 33 100 | | | | | , | |
| | | | , | 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 | | | | | | | |
| office or r | registered agent, or both, in the Star im familiar with, and accept the obli | te of Florida, Such change was a igations of, Section 617,0503, Flo | iutnorized rida Statu | i by the corp ites. | poration's board of directors. I hereby accept the appo | Intment as registered | |
| SIGNATURE | , | | | | | | |
| | Signature, typed or printed name of registered a | | | Agent signature | required when reinstating) DATE | | |
| 01110211011110 011120110110 | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | | | |
| TITLE | D DELETE | | 1.1 TiT(| LE | l | Change | |
| NAME | ME MILLON, ESPERANZA | | 1.2 NA | ME | | | |
| STREET ADDRESS 1242 THRUSH AVENUE 13 | | 1.3 STR | REET ADDRESS | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP MIAMI SPRINGS FL 33166 | | 1.4 CIT | Y-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 21 7171 | LF | | Change Addition | |
| NAME | NAME BONNER, ESPERANZA M | | 2 2 NAI | ME | | 1 | |
| | | 2 3 STR | EET ADDRESS | | İ | | |

11. 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 by An attachment with an address.

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST-ZIP

3.4. CITY - ST- ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME MIAMI FL 33186

YOUNG, MIRYAM

3550 NW 59 AVE

JARAMILLO, ALICIA

13011 S CALUSA CLUB DR

MIAMI FL

MIAMI FL

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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□ DELETE

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4/14/98

Daytime Phone # 0027586

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May 15 1998 8:00am

Secretary of State

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