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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

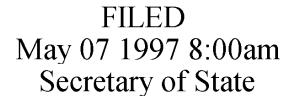
Sandra 9. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N95000001157 (5)



ORIDA, INC.											
Principal Place of Business Mailing Address							T FOODER DE CONTRACTOR DE CONT			##### ### ##	
1840 SW 29TH MIAMI FL 33145	W 29TH AVE FL 33145-1942										
							3. Date incorporated or Qualified 03/09/1995	3a. Date o	of Last R /01/19		
2. Principal P	lace of Business		28. Mailing Address				4. FEI Number Applied For Not Applicable				
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional			
City & State	е		City & State				Election Campaign Financing	Fee Required Financing \$5.00 May Be			
23		28	—				Trust Fund Contribution	Added to Fees			
Zip 24	Country 25	Zip 29	 				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curre		Agent				10. Name and Address of New Re				
					81	Name					
	OVA, MARIA J			•	82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)			
1840 SV MIAMI FI	V 29TH AVE 1. 33145				63	******		***			
1110 3111 7	5 00 () 4				84	City		 . 8	5 Zip	Code	
44 0	1-11	00 2017 15	OO Flacida Otal			<u>-</u>		<u> </u>			
office or r	registered agent, or both, in the Stal	te of Florida. Su	ich change was	authorized	d by	the corporal	poration submits this statement for the patient's board of directors. I hereby acception's	t the appoint	ment as	registered	
	ım tamıllar with, and accept the obli	gations of, Sec	IION 617.0003, F	TORIDE Stat	utes	•	•			ĺ	
SIGNATURE	Signature, typed or printed name of registered a	gent and tille if applic	able. (NO	TÉ Registered	Ager	nt signature requi	red when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D		☐ DELETE	1.1 717	LE				Change	Addition .	
NAME	CASANOVA, MARIA J			1.2 NA	ME						
STREET ADDRESS	1840 SW 29TH AVE			1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33145	*****		1.4 CI	_	1-ZIP					
THE	D		☐ DELETE	2.1 111		İ		L	Change	- Addition	
NAME	ANGULO, EUGENIO			2.2 NA							
STREET ADDRESS	6201 SW 49TH STREET					ADDRESS		* 4		İ	
CITY-ST-ZIP	MIAMI FL 33155		L DELETE	2.40		T-ZIP			Obsess	Addition	
TITLE	D D		DELETE	3.1 TIT		İ		L	Change	Addition	
NAME	NOGUERA, GRISELDA			3.2 NA							
STREET ADDRESS	820 NW 87TH AVE, APT 101	ı				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33155		DELETE	3.4. CI 4.1 Til		I-ZIP			Change	Addition	
TITLE			- otterie	4.1 III				u	A HOUSE		
NAME DEDEST ADDRESS						4000000					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CI		1-5114			Change	Addition	
NAME				5.2 NA					ar wrigo		
STREET ADDRESS				- 1		ADDOCCC				ı	
						ADDRESS					
CITY-ST-ZIP			DELETE	5.4 CI 6.1 TIT		-217			Change	Addition	
NAME				62 NA				لب	Similar	, addition	
STREET ADDRESS				- 1		ADDRESS					
							•				
CITY-ST-ZIP	by cartify that the information a unali	art with this file	o doos not our	6.4 CI			in Section 119 07/3Vi) Floride Statutes	Liuriber oo	rtifu that	the	

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A DIRECTOR TULLA CASA NOVA ULBIAN (BOS) 4434729

Dayline Phone + 0030340