

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 # N95000003815 (6)

1. Corporation Name

VESSELS OF GOD, INC.



Principal Place of Business

**1990 N.W. 90TH STREET
MIAMI FL 33147**

Mailing Address

**1990 N.W. 90TH STREET
MIAMI FL 33147**

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 10369 N.W. 37th Ave.

Suite, Apt. #, etc.

22 Rear

City & State

23 Miami, Florida

Zip

24 33147

Country

2a. Mailing Address

26 P.O. Box 681694

Suite, Apt. #, etc.

27

City & State

28 Miami Florida

Zip

29 33168

Country

30

4. FEI Number

65-0603029

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

PEREZ, CATHERINE

**1990 N.W. 90TH STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10369 N.W. 37th Ave

83

84 City

Miami

FL

85 Zip Code

33147

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

Catherine Palmisano-Perez

4/17/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PEREZ, RAFAEL**
STREET ADDRESS **1990 N.W. 90TH ST.**
CITY - ST - ZIP **MIAMI FL 33147**

TITLE **VD** ☐ DELETE

NAME **CASANAS, TANYA**
STREET ADDRESS **1990 N.W. 90TH ST.**
CITY - ST - ZIP **MIAMI FL 33147**

TITLE **STD** ☐ DELETE

NAME **PEREZ, CATHERINE**
STREET ADDRESS **1990 N.W. 90TH ST.**
CITY - ST - ZIP **MIAMI FL 33147**

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 '92

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **10369 N.W. 37th Ave**
1.3 STREET ADDRESS **Miami, Florida 33147**
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **10369 N.W. 37th Ave**
2.3 STREET ADDRESS **Miami, Florida 33147**
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **10369 N.W. 37th Ave**
3.3 STREET ADDRESS **Miami Florida 33147**
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 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:

Catherine Palmisano-Perez STD

4/17/96

305-693-2809

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)