FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris **ANNUAL REPORT** Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 10 PM 2: 13 DOCUMENT # N95000004190 SECTIONAL OF STATE TALLAHASSEC, FLORIDA Old Cutter Junior Chamber of Commerce, Inc. Mailing Address 9820 Santos Dr. Principal Place of Business 7005 West 17 Court Miami, FL 33/89 Hallah, FL 33014 2a. Mailing Address 26 9820 Scontos Dn. Suite, Apt #, etc. 3. Date Incorporated or Qualified 9 – 1 – 1995 2. Principal Place of Business 21 Suite, Apt. #, etc. Applied For 65-04968 Not Applicable 22 City & State City & State \$8.75 Additional 5. Certificate of Status Desired 23 many Fee Required Zip Country 6. Election Campaign Financing \$5.00 May Be 24 25 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JEMIYUN G. Kidd 26035 SW 130 PL. 83 Princiton, FL 33032 Miani 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 697.0503, Florida Statutes. 2-26-99 (NOTE: Registered Agent signature required when OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE MVP/D 1 1 TITLE Namey geter 15554 SW 107 CT Tanny Perent 17 Court NAME 12 NAME CR2E037 STREET ADDRESS 1.3 STREET ADDRESS History ,FL 33014 Migmi, FL 33157 CITY-ST-ZIP 14 CITY-ST-ZIP Γ □ DELE ΤΕ [1] Addition TITLE 21 TITLE marcela F. Vantook 4190 W 10 Court History FL 3301 CDVP MVP Diane Kessell In. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Miani, FL 33/89 33012 2 4 CITY-ST-ZIP CITY-ST-ZIP T DELETE FOUP TITLE [] Change Addition Tammy Perent 845 W72 Street Histoph, FL 3 Carmin Guerra NAME 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS miami, FL 34 CITY-ST-ZIP CITY-ST-ZIP Sinnifix B. Kiddl 26035 SW 130 Place Addition TITLE 41TITLE [] Change Liliana clany 18730 SW 90 ave 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Miani, FL 33157 CITY-ST-ZIP 4.4 CITY-S1-ZIP [] DELETE TITLE 5 1 TITLE [] Change [] Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 8---306018500003 54 CITY-ST-ZIP -63/18/33=-01034-<u>-007</u> *****61.25 **第999**第6只**约**99 CITY-ST-ZIP [] DELETE 61 THILE TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 13 if changed or on an attachment with an address, with all other tige empowered.

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SIGNATURE:

2-26-99