

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 # N95000004775 (1)

1. Corporation Name

JUVENILE RESCUE MISSION INC.

Principal Place of Business

7690 WEST 29 WAY #202  
HIALEAH FL 33016

Mailing Address

7690 WEST 29 WAY #202  
HIALEAH FL 33016



3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7690 W 29 WAY

26 7690 W 29 WAY

4. FEI Number

65-0643322

Applied For

Not Applicable

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27 202

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 HIALEAH FL

City & State

28 HIALEAH FL

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Zip

24 33016

Country

25 USA

Zip

29 33016

Country

30 USA

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

KAIRUZ, JORGE A  
7690 WEST 29 WAY #202  
HIALEAH FL 33016

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 ☐ DELETE  
NAME PRESIDENT  
STREET ADDRESS JORGE A KAIRUZ DIRECTOR  
CITY-ST-ZIP 7690 W 29 WAY #202 HIALEAH FL

TITLE ☐ DELETE  
NAME VICE PRESIDENT  
STREET ADDRESS OLOA KAIRUZ DIRECTOR  
CITY-ST-ZIP 7690 W 29 WAY #202 HIALEAH FL

TITLE ☐ DELETE  
NAME TREASURER  
STREET ADDRESS SANDRA ULLOA DIRECTOR  
CITY-ST-ZIP 7690 W 29 WAY 20 HIALEAH FL 33016

TITLE ☐ DELETE  
NAME SECRETARY  
STREET ADDRESS ALESSANDRO PENA  
CITY-ST-ZIP 7690 W 29 WAY 202 HIALEAH FL 33016

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
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: JORGE A KAIRUZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

MAY-16-96

CR2E037 (12/95)