

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

Mailing Address

7690 WEST 29 WAY #202
HIALEAH FL 33016

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

22 202

27 202

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 HIALEAH FL

28 HIALEAH FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33016

Country

USA

29 33016

Country

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

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

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

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

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME 400001889384
5.3 STREET ADDRESS -07/10/96--01033--024
5.4 CITY-ST-ZIP ***61.25

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME 7-10-96
6.3 STREET ADDRESS JR
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

JORGE A KAIRUZ

MAY-16-96

CR2E037 (12/95)