

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 219 NW 109 AVENUE Suite, Apt. #, etc. 22 APT# 2 City & State 23 MIAMI, FL. Zip 24 33172	2a. Mailing Address 26 219 NW 109 AVENUE Suite, Apt. #, etc. 27 APT# 2 City & State 28 MIAMI, FL. Zip 29 33172
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3. Date Incorporated or Qualified 10/10/1995	
4. FEI Number 65-0643322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAIRUZ, JORGE A 7690 WEST 29 WAY #202 HIALEAH FL 33016
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81 Name KAIRUZ, JORGE A.
82 Street Address (P.O. Box Number is Not Acceptable) 219 NW 109 AVENUE APT# 2
83
84 City MIAMI
85 Zip Code FL 33172

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AKAIRUZ, JORGE		1.2 NAME KAIRUZ, OLGA	
STREET ADDRESS 7690 WEST 29 WAY #202		1.3 STREET ADDRESS 219 NW 109 AVENUE APT#2	
CITY-ST-ZIP HIALEAH FL 33016		1.4 CITY-ST-ZIP MIAMI, FL. 33172	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, GIRMA		2.2 NAME CORREA, JESUS	
STREET ADDRESS 7772 W 34 CT		2.3 STREET ADDRESS 8029 NW 54 STREET	
CITY-ST-ZIP HIALEAH FL		2.4 CITY-ST-ZIP MIAMI, FL. 33166	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICO, NORA		3.2 NAME GUZMAN, MIRTHA	
STREET ADDRESS 3010 N.W. 36 ST, B-218		3.3 STREET ADDRESS 11298 NW 5 TERRACE	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL. 33172	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)