

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N95000004775 (1)**  
1. Corporation Name  
**JUVENILE RESCUE MISSION INC.**



Principal Place of Business <b>7690 WEST 29 WAY #202 HIALEAH FL 33016</b>	Mailing Address <b>7690 WEST 29 WAY #202 HIALEAH FL 33016</b>
----------------------------------------------------------------------------------	----------------------------------------------------------------------

3. Date Incorporated or Qualified <b>10/10/1995</b>	
4. FEI Number <b>65-0643322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

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 28 219 NW 109 AVENUE Suite, Apt. #, etc. 27 APT# 2 City & State 28 MIAMI, FL. Zip 29 33172
------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent <b>KAIRUZ, JORGE A 7690 WEST 29 WAY #202 HIALEAH FL 33016</b>	10. Name and Address of New Registered Agent 81 Name <b>KAIRUZ, JORGE A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>219 NW 109 AVENUE APT# 2</b> 83 84 City <b>MIAMI</b> 85 Zip Code <b>FL 33172</b>
--------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>AKAIRUZ, JORGE</b>
STREET ADDRESS	<b>7690 WEST 29 WAY #202</b>
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>REYES, GIRMA</b>
STREET ADDRESS	<b>7772 W 34 CT</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>RIKO, NORA</b>
STREET ADDRESS	<b>3010 N.W. 36 ST, B-218</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KAIRUZ, OLGA</b>
1.3 STREET ADDRESS	<b>219 NW 109 AVENUE APT#2</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33172</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>CORREA, JESUS</b>
2.4 CITY-ST-ZIP	<b>8029 NW 54 STREET</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>GUZMAN, MIRTHA</b>
3.4 CITY-ST-ZIP	<b>11298 NW 5 TERRACE</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)