

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90003 043 ****61.25

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1. Corporation Name

JUVENILE RESCUE MISSION INC.

Principal Place of Business

219 NW 109 AVE
APT 2
MIAMI FL 33172
US

Mailing Address

219 NW 109 AVE
APT 2
MIAMI FL 33172
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

65-0643322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

KAIRUZ, JORGE A
219 NW 109 AVE
APT 2
MIAMI FL 33172

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **AKAIRUZ, JORGE**
CITY-ST-ZIP **7690 WEST 29 WAY #202**
HIALEAH FL 33016

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CORREA, JESUS**
CITY-ST-ZIP **8029 NW 54 ST**
MIAMI FL 33166

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **GUZMAN, MIRTHA**
CITY-ST-ZIP **11298 NW 5 TERR**
MIAMI FL 33172

TITLE ☐ DELETE
NAME **DD**
STREET ADDRESS **KAIRUZ, OLGA**
CITY-ST-ZIP **219 NW 109 AVE, APT 2**
MIAMI FL 33172

TITLE ☐ DELETE
NAME **TAS**
STREET ADDRESS **ADRIA O. NOA**
CITY-ST-ZIP **13197 SW 11 LANE CRL**
MIAMI FL 33318

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

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

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

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

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

5.1 TITLE ☐ Change ☐ Add
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE A. KAIRUZ 205-207-292

Date 6-23-99 Daytime Phone #