

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # N96000000522 (0)

1. Corporation Name

LIFELINES OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 901
MIAMI FL 33131

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SUITE 901
MIAMI FL 33131

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

65-0671738

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
66 WEST FLAGLER STREET
5TH FLOOR
MIAMI FL 33130

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 D ☐ DELETE
NAME FINKEL, NATHALIE
STREET ADDRESS 601 BRICKELL KEY DR, SUITE 901
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ DELETE
NAME MOSHER, STACY
STREET ADDRESS 1909 HARRISON ST #201
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE D ☐ DELETE
NAME PENA, JORGE
STREET ADDRESS 13925 NW 60 AVE
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE D ☐ DELETE
NAME QUENTEL, PAUL PAUL
STREET ADDRESS 100 NW 70 AVE
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME QUENTEL, PAUL
4.3 STREET ADDRESS 1550 Brickell Ave, #208B
4.4 CITY-ST-ZIP Miami, FL 33129

TITLE D ☐ DELETE
NAME FELICIANO, LUCIA
STREET ADDRESS 601 BRICKELL KEY DR, SUITE 901
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ DELETE
NAME RODRIGUEZ, LYDIA
STREET ADDRESS TWO S BISCAYNE BLVD, STE 2450
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME EUGENE BUENO
6.3 STREET ADDRESS 101 America Ave.
6.4 CITY-ST-ZIP Coral Gables, FL 33134

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:

Paul Guente 1/15/98 (305) 374-7200

CR2E037 (10/97)