

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000002740 (6)

1. Corporation Name

YOUTH CHALLENGE OF MIAMI, INC.

Principal Place of Business

950 S. MIAMI AVE.
MIAMI FL 33130

Mailing Address

950 S. MIAMI AVE.
MIAMI FL 33130

FILED
Aug 06 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

05/22/1996

4. FEI Number

65-0669084

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

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

(2) Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

(2a) Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

33332

30

9. Name and Address of Current Registered Agent

DE ASSIS-OLIVEIRA, FRANCISCO
950 S. MIAMI AVE.
MIAMI FL 33130

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 PTD ☒ DELETE

NAME DE ASSIS OLIVEIRA, FRANCISCO

STREET ADDRESS 950 S. MIAMI AVE.

CITY-ST-ZIP MIAMI FL 33130

TITLE VSD ☒ DELETE

NAME PIMENTA, HERCULES R

STREET ADDRESS 950 S. MIAMI AVE.

CITY-ST-ZIP MIAMI FL 33130

TITLE SD ☒ DELETE

NAME DOS SANTOS, CLOVIS B

STREET ADDRESS 950 S. MIAMI AVE.

CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PTD DE ASSIS OLIVEIRA, FRANCISCO

1.3 STREET ADDRESS 950 S. MIAMI AVE

1.4 CITY-ST-ZIP MIAMI FL 33130

2.1 TITLE VSD ☐ Change ☒ Addition

2.2 NAME PIMENTA, HERCULES R

2.3 STREET ADDRESS 950 S. MIAMI AVE

2.4 CITY-ST-ZIP MIAMI, FL 33130

3.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition

3.2 NAME LUIZ C. REIS

3.3 STREET ADDRESS 33332

3.4 CITY-ST-ZIP 18951-SW 63 ST FLAuderdale FL.

4.1 TITLE 200002610232 ☐ Change ☐ Addition

4.2 NAME -08/07/98--01014--042

4.3 STREET ADDRESS ***61.25

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/98

Date

954-6807010

Daytime Phone #

CR2E037 (5/98)