

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90092 031 ****70.00

DOCUMENT # N96000002740

1. Corporation Name

YOUTH CHALLENGE OF MIAMI, INC.

Principal Place of Business

950 S. MIAMI AVE.
MIAMI FL 33130

Mailing Address

18951 SW 63 ST
FT. LAUDERDALE FL 33332



2. Principal Place of Business

21 18951 SW 63 street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE - FL

City & State

28

Zip Country

24 33332

Country

25 USA

Zip

Country

29

30

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



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

DE ASSIS OLIVEIRA, FRANCISCO

950 S. MIAMI AVE 18951 SW 63 STREET

MIAMI FL 33130 FORT LAUDERDALE - FL - 33332

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 REIS, LUIZ C

STREET ADDRESS 18951 SW 63 ST

CITY-ST-ZIP FT. LAUDERDALE FL 33332

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 PTD ☒ Change ☐ Addition

1.2 NAME DE ASSIS OLIVEIRA, FRANCISCO

1.3 STREET ADDRESS 18951 SW 63 street

1.4 CITY-ST-ZIP FORT LAUDERDALE - FL - 33332

2.1 TITLE VSD ☒ Change ☒ Addition

2.2 NAME DE SOUZA, ROBERTO

2.3 STREET ADDRESS 18951 SW 63 street

2.4 CITY-ST-ZIP FORT LAUDERDALE - FL - 33332

3.1 TITLE TREASURER ☒ Change ☒ Addition

3.2 NAME FIGUEIREDO, MACIEL

3.3 STREET ADDRESS 18951 SW 63 street

3.4 CITY-ST-ZIP FORT LAUDERDALE - FL - 33332

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME PIMENTA, HERCULES

4.3 STREET ADDRESS 18951 SW 63 street

4.4 CITY-ST-ZIP FORT LAUDERDALE, FL - 33332

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, with all other like empowered.

SIGNATURE:

[Signature] E REQUIRED

4/29/99 (954) 6800537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0039407