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**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90129 027 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000003225**

1. Corporation Name

**CISM-REGION II, INC.**

Principal Place of Business

**5680 SW 87 AVENUE  
MIAMI FL 33173**

Mailing Address

**5680 SW 87 AVENUE  
MIAMI FL 33173**



7 9553 90129 27 3



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**06/17/1996**

4. FEI Number

**25-0755599**

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

**DURAN, NATALIE  
5680 SW 87 AVENUE  
MIAMI FL 33173**

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

*Natalie Duran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/99**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MANN, JAMES	
STREET ADDRESS	9834 SW 195 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MOUNT, P.J.	
STREET ADDRESS	10165 SW 163 AVENUE	
CITY-ST-ZIP	MIAMI FL 33196-5801	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ENGBERS, FATHER THOMAS	
STREET ADDRESS	825 NE 92 ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DURAN, NATALIE	
STREET ADDRESS	5680 SW 87 AVENUE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, TIM	
STREET ADDRESS	2300 PINETREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DPICANOL, Jaime	<input type="checkbox"/> DELETE
NAME	PIGONEL, JIM	
STREET ADDRESS	1011 NW 111 AVE	
CITY-ST-ZIP	MIAMI FL 33172	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

*Natalie Duran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**2/5/99**

Daytime Phone #

**305-596-8868**

CR2E037 (11/98)