

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003767 (8)

1. Corporation Name

VILLAGE MISSION SERVICE INC.



Principal Place of Business

Mailing Address

590 NW 127 STREET
NO MIAMI FL 33168590 NW 127 STREET
NO MIAMI FL 33168-36483. Date Incorporated or Qualified
07/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11310 SW 153rd St

26 11310 SW 153rd Str.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FL

28 Miami, FL

Zip Country

Zip Country

24 33157

25 U.S.A.

29 33157

30 U.S.A.

4. FEI Number

65-0682162

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISSADE, FLORENCE
590 NW 127 STREET
NO MIAMI FL 33168

81 Name

Marie Josee Sam

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

11310 SW 153 Street

83

84 City

Miami

FL

85 Zip Code

33157

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Marie Josee Sam
STREET ADDRESS		1.3 STREET ADDRESS	11310 SW 153rd Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Florence Lissade
STREET ADDRESS		2.3 STREET ADDRESS	590 NW 127 Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	North Miami, FL 33168
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Hansy Briñol
STREET ADDRESS		3.3 STREET ADDRESS	590 NW 127 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Miami, FL 33168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone # 0032285

CR2E037 (9/96)