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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000003767

1. Corporation Name

VILLAGE MISSION SERVICE INC.

Principal Place of Business

11310 SW 153RD ST.
NO MIAMI FL 33157
US

Mailing Address

11310 SW 153RD ST.
NO MIAMI FL 33157
US

PO BOX 570874
MIAMI FL 33257-0874



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

65-0682162

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

9. Name and Address of Current Registered Agent

MARIE, JOSEE Sam
11310 SW 153 ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name Marie Josee Sam

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

11310 SW 153 ST
MIAMI Dade FL 33157

83 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

4-29-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARIE, JOSEE Sam
STREET ADDRESS 11310 SW 153RD ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME PROPHETE, ROSALEE
STREET ADDRESS 8710 N. SHERMAN CIR, BLDG 5, APT 506
CITY-ST-ZIP MIRAMAR FL 33125

TITLE D
NAME PEAN, PIERRE ETIENNE M
STREET ADDRESS 1261 SW 102 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D
NAME SMITH, JOANN
STREET ADDRESS 1302 NW 172 TERR
CITY-ST-ZIP MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Marilyn Usher
1.3 STREET ADDRESS 915 NW 1st Ave # H2201
1.4 CITY-ST-ZIP MIAMI FL 33136

2.1 TITLE D
2.2 NAME Carline Banks
2.3 STREET ADDRESS 2315 NW 195 ST
2.4 CITY-ST-ZIP OPA LOCKA FL 33056

3.1 TITLE D
3.2 NAME Pean Clarke Drake
3.3 STREET ADDRESS 1950 NW 193 Terr.
3.4 CITY-ST-ZIP MIAMI FL 33056

4.1 TITLE D
4.2 NAME Carole Rosado
4.3 STREET ADDRESS 8000 SW 81st Drive #208
4.4 CITY-ST-ZIP MIAMI FL 33143

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

6.1 TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Josee Sam 305 251-8384

CR2E037 (1/98)