AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000004215 (7)

DAME-MARIE AN MOVEMENT, INC.

FILED

Aug 28 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Address			J SODINIAL BIG IGIUD ONIN BORN DANN BOLL GRÂND NOÂND NOÂN DIN 1981 1981	
261 N.W. 109TH ST. Miami Fl		261 N.W. 109TH ST. Miami Fl			}	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/14/1996	
2. Principal Pi	ace of Business	2a. Mailing Address	11		4. FEI Number	Applied For
21 SAME	AS the Above	28 SAME AS	3 the	ABOVE	L 65-06XXIVS	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Count	lry	8. This corporation owes or has p	
24	25	29	30		Personal Property Tax due Jur	
	9. Name and Address of Curren	it Registered Agent		11 Name	10. Name and Address of New F	registered Agent
			°	Name	ONTAINE, LYVIA	9
FONTAIN			82 Street Addr		ess (P.O. Box Number is Not Accept	able)
	109TH STREET		<u>_</u>			
"MIAMI FL	33168		e	3 16/	N.T.1 10915 9	Street
/			E	i4 City	AVIN- IUI	25 Zio Code
				Mı	AMI	FL 33/68
11, Pursuant 1	o the provisions of Sections 617.050	2 and 617.1508, Florida Statu	les, the abo	ve-named corp	oration submits this statement for the ion's board of directors. I hereby acc	purpose of changing its registered
agent. I a	n familiar with, and accept the obliga	ations of, Section 617.0503, Fi	orida Statul	tes.	ions body of directlys. Thereby acc	epi (ne appointment as registered
SIGNATURE	LVVIA FONTA	INE		2.41	14 Amely	1/22/97
	filgnative, typed or printed name of registered age			agent signature equir	<u>/- </u>	DATE
12.	OFFICERS ANI		13.	· · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P CONTAINE AUDEL	₩ DELETE	1.1 T(TL)	1	?/ ! //	Change Addition
NAME	FONTAINE, AUREL		1,2 NAM	t Jé	FAN H. ALABRE	1.4
STREET ADDRESS	8904 N.E. 1ST AVE.			ET ADDRESS 14	UDO N.E 6 AVE F	1pt 116
CITY-ST-ZIP	MIAMI FL 33138	Documen			AMI FL 33161	
TITLE	V	☐ DELETE	2.1 TITLE		1/2 - 2/0. 4	Change [,Addition
NAME	ALABRE, JEAN H		2.2 NAM		otrace, Policat	
STREET ADDRESS	1288 N.E. 150TH ST.				BD N-E: 1°Ct	
CITY-ST-ZIP	NORTH MIAMI FL 33161	™ DELETE			AMI FL 35138	Z. Olympia
TITLE	S	PE DELETE	3.1 TITU	>		Change Addition
NAME	LIVETTE, MARCEAU		3.2 NAM		E392 BERTEAN	a
STREET ADDRESS	268 N.E. 118TH ST.				55 N.W. 15"5t	
CITY-ST-ZIP	MIAMI FL 33161	NA DELETE			18Mi, FL 3315	O hanne Talaking
TITLE	S THE TOTAL CASE	DELETE	4.1 TITLE	, 🔾		Change Addition
NAME	ETIENNE, EDNA (ASST)		4. 2 NAN	^Æ 3≧≀	DINEUF, MAKENED	\
STREET ADDRESS	375 N.E. 54TH ST. SUITE 1		4.3 STRE	ET ADDRESS 3	55 NW 7515	<u>[</u> "
CITY-ST-ZIP	MIAMI FL 33137	77 52.575		-ST-ZIP	MIAMINE 3315	Ō
TITLE	1	DELETE	5.1 TITLE	1.27		Change
NAME	FONTAINE, LYMA		5.2 NAM	110	NTAINE, LYVIA	
STREET ADDRESS	261 N.W. 109TH ST.		5.3 STR	ET ADORESS 26	51 NW 109th St	
CITY-ST-ZIP	MIAMI FL 33168			-ST-ZIP	1AM1 FG 3316	8
TITLE		DELETÉ	6.1 TITL		C/Tin	Change Addition
NAME			6.2 NAM	E SÍ	MON, GEATCHIN	· ,
STREET ADDRESS			6.3 STRE	ET ADDRESS 3	55 N.W. 75 75 G	/
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	MANN FI 33/	50

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.

7/17/07