

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:38

DOCUMENT # N96000006562 (0)
1. Corporation Name
ANGELS OF MERCY MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
4816 N.W. 22ND AVENUE
MIAMI FL 33147

Mailing Address
4816 N.W. 22ND AVENUE
MIAMI FL 33147

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
Applied For
☒ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
Country

2a. Mailing Address
26 PO Box 420073
27 Suite, Apt. #, etc.
28 City & State
29 Zip
Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

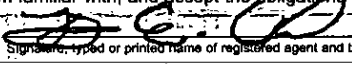
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 3313

10. Name and Address of New Registered Agent
81 Name FRANCOIS E. CARVIL
82 Street Address (P.O. Box Number is Not Acceptable) 7401 N.W. 12th Avenue
83 REINSTATEMENT 98-00
84 City Miami FL 85 Zip Code 33150

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  DATE 6-12-00
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAWYER, EDWARD D SR.	
STREET ADDRESS	P.O. BOX 701	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAWYER, A V	
STREET ADDRESS	P.O. BOX 701	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ERIC E SR	
STREET ADDRESS	P.O. BOX 701	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, ALICIA J	
STREET ADDRESS	P.O. BOX 701	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, JAMES	
STREET ADDRESS	P.O. BOX 701	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carvil, Francois E.	
1.3 STREET ADDRESS	P.O. Box 420073	
1.4 CITY-ST-ZIP	Miami, FL 33242	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carvil, Mary D.	
2.3 STREET ADDRESS	P.O. Box 420073	
2.4 CITY-ST-ZIP	Miami, FL 33242	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Young, Mary A.	
3.3 STREET ADDRESS	P.O. Box 420073	
3.4 CITY-ST-ZIP	Miami, FL 33242	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carvil, Simon I.	
4.3 STREET ADDRESS	P.O. Box 420073	
4.4 CITY-ST-ZIP	Miami, FL 33242	
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.

SIGNATURE:  DATE 5/1/00 (305) 835-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)