

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N97000001095 (5)**

1. Corporation Name

HERMANDAD DEL SENOR LOS MILAGROS DE MIAMI, INC.



Principal Place of Business 9200 S.W. 107TH AVENUE MIAMI FL 33173	Mailing Address 9200 S.W. 107TH AVENUE MIAMI FL 33173
---------------------------------------------------------------------------------	---------------------------------------------------------------------

3. Date incorporated or Qualified
02/26/1997

4. FEI Number
65-0730835

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

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 CARCHERI, MARIA 7122 S.W. 103RD PLACE MIAMI FL 33173	
------------------------------------------------------------------------------------------------------------------------	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4708 SW 136 Place
83	
84 City	MIAMI
85 Zip Code	FL 33175

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	
TITLE	<input type="checkbox"/> DELETE
NAME	VD SOUZA, MIRTHA
STREET ADDRESS	9371 S.W. 76TH STREET
CITY-ST-ZIP	MIAMI FL 33173
TITLE	<input type="checkbox"/> DELETE
NAME	TD APONTE, HUGO
STREET ADDRESS	6251 S.W. 131ST COURT, APT. 103
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD SANCHEZ, OSCAR
STREET ADDRESS	2136 S.W. 37TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> DELETE
NAME	SD CARCHERI, MARIA
STREET ADDRESS	5923 S.W. 148TH CT.
CITY-ST-ZIP	MIAMI FL 33193
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4708 S.W. 136 Place
4.4 CITY-ST-ZIP	MIAMI, FL. 33175
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 you report 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:

Maria Carcheri
Maria Carcheri

03-03-98 (305) 227-8515

CR2E037 (10/97)