

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001507 (9)

1. Corporation Name

SISTERS AND BROTHERS FOREVER, INC.



Principal Place of Business: 5870 SW 8TH ST., STE. 4 MIAMI FL 33144
Mailing Address: 5870 SW 8TH ST., STE. 4 MIAMI FL 33144

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

65 - 0750853

Applied For Not Applicable

2. Principal Place of Business
21 2460 SW. 8 ST.
Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL.

24 Zip 33135

25 Country MIAMI DADE

2a. Mailing Address
26 2460 SW. 8 ST.
Suite, Apt. #, etc.

27 City & State
28 MIAMI, FL

29 Zip 33135

30 Country MIAMI DADE

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

COUTO, RAMON
5870 SW 8TH ST., STE. 4
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: RAMON COUTO
82 Street Address (P.O. Box Number is Not Acceptable): 2460 SW. 8 ST.
83 City: MIAMI
84 City: MIAMI
85 Zip Code: FL 33135

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: *Ramon Couto*

(NOTE: Registered Agent signature required when reinstating)

4/30/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP COUTO, RAMON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTO, RAMON	1.2 NAME	
STREET ADDRESS	38 E 84 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALEAH FL	1.4 CITY-ST-ZIP	
TITLE	DV TRUEBA, CARMINA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUEBA, CARMINA	2.2 NAME	
STREET ADDRESS	1545 TRILLO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLE FL	2.4 CITY-ST-ZIP	
TITLE	S GALLARRETA, JOSE L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLARRETA, JOSE L	3.2 NAME	
STREET ADDRESS	9032 SW 78 PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT SEGUNDA, ALFREDO	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGUNDA, ALFREDO	4.2 NAME	
STREET ADDRESS	12925 SW 14 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D MERCEDES, BARRERA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCEDES, BARRERA	5.2 NAME	
STREET ADDRESS	10020 SW 39 TER.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	5.4 CITY-ST-ZIP	
TITLE	D LUIS, BAZO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, BAZO	6.2 NAME	
STREET ADDRESS	11490 SW 24 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	6.4 CITY-ST-ZIP	

DT
SEGUNDA ALFREDO
12925 SW 14 ST
MIAMI FL

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: *Alfredo Segunda*

Treasurer 04-30/98

CR2E037 (10/97)