## **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 # N9700002152 (3)

THE MIRANDO FOUNDATION, INC.

| FILED              |
|--------------------|
| Jan 27 1998 8:00am |
| Secretary of State |

|   | ,,  |   |                    |  |
|---|---|---|--------------------|--|
| Principal Place of Business Mailing Address   |   |   |                    | - I IDENTERA OUR HEALL TO DET ENDIN NOTIE NOTIN ONTE AND THE FANDY DESERTATION OF THE AND THE  |
| 315 SOUTH LA<br>PALM BEACH I  |   | 315 SOUTH LAKE DRIVE<br>PALM BEACH FL 33480 |                    | 3. Date Incorporated or Qualified  04/11/1997  4. FEI Number  6.5-0.750478    Applied For   Not Applicable   |
| 2. Principal P  | face of Business  | 2a. Mailing Address                         |                    | - ¢9.75 Additional   |
| 21  |   | 26  |                    | 5. Certificate of Status Desired 5.75 Additional Fee Required  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                         |                    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution   |
| City & Stat   | е   | City & State                                |                    | 7. Is this nonprofit corporation a homeowners association?   |
| 23<br>Zip   | Country   | 28  | Country            | Yes No   |
| 24  | 25  | <b>—</b> •                                  | 30                 | 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                                      | ,,  |                    | 10. Name and Address of New Registered Agent   |
|   |   |   | 81 Nam             | е .  |
| ANGELL CORPORATE SERVICES, INC.<br>250 ROYAL PALM WAY   |   |   | 82 Stree           | et Address (P.O. Box Number is Not Acceptable)   |
| PALM BEACH FL 33480   |   |   | 83                 |  |
| ,,,,,,,,,   | 2.10.1.1.2.00.100   |   | <b>84</b> City     | 85 Zip Code  |
|   |   |   | 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 .   |   |   |                    | ure required when reinstating) DATE  |
| 12.   | Signature, typed or printed hame of registered agen<br>OFFICERS AND |   | 13.                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D   | DELETE                                      | 1.1 TITLE          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition Officers In 12  C |
| NAME  | MIRANDO, FELIX A JR   |   | 1.2 NAME           |  |
| STREET ADDRESS  | 315 SOUTH LAKE DRIVE  |   | 1.3 STREET ADDRESS | s   <u> </u>   |
| CITY-ST-ZIP   | PALM BEACH FL 33480   |   | 1.4 CITY-ST-ZIP    |  |
| TITLE   | D   | DELETE                                      | 2.1 TITLE          | ☐ Change ☐ Addition ☐  |
| NAME  | BATCHELDER, MARGARET F  |   | 2.2 NAME           |  |
| STREET ADDRESS  | 315 SOUTH LAKE DRIVE  |   | 2.3 STREET ADDRESS | 3  |
| CITY-ST-ZIP   | PALM BEACH FL 33480   |   | 2. 4 CITY-ST-ZIP   |  |
| MLE   | D   | ☐ DELETE                                    | 3.1 TITLE          | Change L Addition  |
| NAME  | BROWN, MICHAEL A  |   | 3.2 NAME           |  |
| STREET ADDRESS  | 315 SOUTH LAKE DRIVE  |   | 3.3 STREET ADDRESS |  |
| CITY-ST-ZIP   | PALM BEACH FL 33480   |   | 3.4. CITY-ST-ZIP   |  |
| TITLE   |   | DELETE                                      | 4,1 TITLE          | Change Addition  |
| NAME  |   |   | 4. 2 NAME          |  |
| STREET ADDRESS  |   |   | 4.3 STREET ADDRESS | 3  |
| CITY-ST-ZIP   |   | □ Bei ete                                   | 4.4 CITY-ST-ZIP    | Change Addition  |
| TITLE   |   | ☐ DELETE                                    | 5.1 TITLE          | Cusude T Virgingui   |

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: FELIXMIRANTIL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1/9/95

561-832-5870

☐ Change ☐ ☐ Addition