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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003664 (6)**

1. Corporation Name

SANT KILTIREL MAPOU, INC.

Principal Place of Business

Mailing Address

**5919 NE 2ND AVENUE
MIAMI FL 33137**

**5919 NE 2ND AVENUE
MIAMI FL 33137**

3. Date Incorporated or Qualified

06/25/1997

4. FEI Number

65-0766047

Applied For

Not Applicable

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

2. Principal Place of Business

21 5921 NE 2nd Av

Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 33137

25 US

2a. Mailing Address

26 PO Box 6146

Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 33299

30 US

9. Name and Address of Current Registered Agent

**CHERIN, STARLA V
301 NE 125 STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

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 ☐ DELETE

**P
NAME DENIS, JEAN M
STREET ADDRESS 310 NE 97 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138**

TITLE ☐ DELETE

**V
NAME BASTIEN, MARLEINE
STREET ADDRESS 70 NE 152 STREET
CITY-ST-ZIP NORTH MIAMI FL 33161**

TITLE ☐ DELETE

**S
NAME MIRVILLE, ERNEST DR
STREET ADDRESS 4020 NW 186 STREET
CITY-ST-ZIP MIAMI FL 33055**

TITLE ☐ DELETE

**Bernadette Bastien
NAME 5919 NE 2nd Ave
STREET ADDRESS MIAMI, FL 33137 "T" TREASURER**

TITLE ☐ DELETE

**Nadia Denis
NAME 310 NE 97 street
STREET ADDRESS MIAMI - Florida 33138 "T" Member**

TITLE ☐ DELETE

**Taina Denis
NAME 310 NE 97 street
STREET ADDRESS MIAMI, FL 33138 "T" Member**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

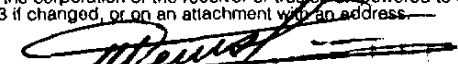
6.1 TITLE ☐ Change ☐ Addition

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: 

3/18/98 8691283

CR2E037 (10/97)