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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

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	2a. Mailing Address
21 5921 NE 2nd Av	26 Po box 6146
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State: Miami FL
24 Zip: 33137 25 Country: US	29 Zip: 33299 30 Country: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DENIS, JEAN M		1.2 NAME		
STREET ADDRESS	310 NE 97 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASTIEN, MARLEINE		2.2 NAME		
STREET ADDRESS	70 NE 152 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MIRVILLE, ERNEST DR		3.2 NAME		
STREET ADDRESS	4020 NW 186 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		3.4 CITY-ST-ZIP		
TITLE	Bernadette Bastien	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	5919 NE 2nd Ave		4.2 NAME		
STREET ADDRESS	Miami, FL 33137 "T" TRESAURER		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	Nadia Denis	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	310 NE 97 Street		5.2 NAME		
STREET ADDRESS	Miami - Florida 33138 "T" Member		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	Taina Denis	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	310 NE 97 Street		6.2 NAME		
STREET ADDRESS	Miami, FL 33138 "T" Member		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 869283
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #