## **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

N9700005355 (9) POCUMENT #

EREFROM AND HISTICE FOR ALL IMMIGRATION FUND, IN

**FILED** Apr 24 1998 8:00am Secretary of State

C.						
Principal Place of Business  1941 S.W. 8TH STREET MIAMI FL 33135		Mailing Address				I MANUARI DIE TRUIT I DEUL BRUIT BEHIT BEHIT BEHIT BEHIT BLIEB BITCH OHER BITLI HOOT
		1941 S.W. 8TH STREET MIAMI FL 33135			3. Date Incorporated or Qualified  09/19/1997  4. FEI Number  65 - 0782812  Not Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address				to 75 additional
21		26				5. Certificate of Status Desired Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip Country			This corporation owes or has paid the current year Intangible	
24			30	<del></del>		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curre	nt Registered Agent		Ц.		10. Name and Address of New Registered Agent
				81	Name	
	, GLORIA H		82 Street Addr		Street A	Address (P.O. Box Number is Not Acceptable)
1941 S.W. 8TH STREET MAMI FL 33135				83		
MAMI FL	. 33135					
				84	City	FL 85 Zip Code
I office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 617.0503,	s authorize Florida Sta	tutes	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (N ND DIRECTORS	OTE: Registere	id Age	nt signature n	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	BONILLA, GLORIA H		1.2 N	IAME		
STREET ADDRESS			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	C or ore		ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	DVT	☐ DELETE		2.1 TITLE 2.2 NAME		C change C Addition
NAME STREET ADDRESS	CHAHIN, BERTHA 1941 S.W. 8TH STREET				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135			2. 4 CITY-ST-ZIP		
TITLE	DS	DELETE	3.1 7			Change Addition
NAME	BONILLA, CARLOS A		3.2 N	3.2 NAME		
STREET ADDRESS	1011 0111 0111 0111				ADORESS	
CITY-ST-ZIP	MIAMI FL 33135	☐ DELETE			ST-ZIP	Change Addition
TITLE		□ vereit		4.1 TITLE 4.2 NAME		La dialiga La ridaman
NAME STREET ADDRESS	<b>■</b> "			ADDRESS		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		☐ DELETE		5.1 TITLE		Change Addition
NAME	NE 5.2		IAME	Ì		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ATY-S	37-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 T			Change Adordon
NAME ATOTET ADDDESS				AME TOCCT	Annaree	
STREET ADDRESS			6.3 S	or MEE I	ADDRESS	

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.

04-01-98