

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90011 012 \*\*\*\*61.25

DOCUMENT # **N98000002438V**  
1. Corporation Name  
**JEHOVA-WIRE F.E.N.K. INC.**  
**FOUNDATION FOR THE EDUCATION OF NEEDY KIDS**

Principal Place of Business Mailing Address  
**1530 NE 124 STREET #5 MIAMI FL 33161** **P.O. BOX 611283 N. MIAMI FL 33261**

683051-90011-24



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>04-27-98</b>
22	City & State	City & State	4. FEI Number
23	Zip	Zip	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24	Country	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
25		29	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
26		30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JACQUES ARMAND, OWNER</b>		81 Name	
<b>ABC SERVICES</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
<b>561 NE 79 STREET #208</b>		83	
<b>MIAMI FL 33138</b>		84 City	<b>FL</b>
		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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>J.D.</b>	1.2 NAME	<b>D/S Public Relation</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>MAYRA MONTANO</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>2915W 21 TORRE MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EXECUTIVE DIRECTOR, FOUNDER</b>	2.2 NAME	<b>ADNA ADE</b>
STREET ADDRESS	<b>MARIE SONIA LABORDE</b>	2.3 STREET ADDRESS	<b>1530 NE 124 ST #5</b>
CITY-ST-ZIP	<b>1530 NE 124 STREET #5 MIAMI FL 33161</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33161</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADMINISTRATIVE ASSY, CO-FOUNDER</b>	3.2 NAME	<b>T/ADMINISTRATIVE AID</b>
STREET ADDRESS	<b>GERMAINE VALEIN</b>	3.3 STREET ADDRESS	<b>BERTILE LABORDE</b>
CITY-ST-ZIP	<b>1530 NE 124 STREET #5 MIAMI FL 33161</b>	3.4 CITY-ST-ZIP	<b>1530 NE 124 ST #5 MIAMI FL 33161</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **MARIE SONIA LABORDE** *Marie Sonia Laborde* **07-20-99** **(305) 981-0474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (1/98)