FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90048 031 ****70.00

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1. Corporation Name

SHARING WITH ALL THOUGHTFULNESS, INC.

Principal Place of Business	Mailing Address
18335 NW 7 AVENUE, MIAMI, FLORIDA 33169.	P.O. BOX 693576, MIAMI, FLORIDA 33269

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 18335 NW 7 AVENUE	26 P.O. BOX 693576	12/21/98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0895687 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 33169 25 DADE	Zip / Country 29 33269 30 DADE	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIE O. HARRELL 18910 NW 8 COURT MIAMI FLORIDA 33169	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) N/A 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	DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ESTHER HARROW		1.2 NAME		
STREET ADDRESS	20004 NW 12 PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 33169		1.4 CITY-ST-ZIP		
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIE O. HARRELL		2.2 NAME		
STREET ADDRESS	18910 NW 8 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 33169		2.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOVELETT FRASER		3.2 NAME		
STREET ADDRESS	15735 NW 11 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028		3.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH E. KING		4.2 NAME		
STREET ADDRESS	3600 N. 23 AVENUE #2		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020		4.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAROLD RAMCHARAN		5.2 NAME		
STREET ADDRESS	16731 NW 15 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARIAN VELAZQUEZ		6.2 NAME		
STREET ADDRESS	1931 NW 187 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FLORIDA 33169		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Ramcharan HAROLD RAMCHARAN 5/11/99 (305)651-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #