

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P95000001899 (0)

1. Corporation Name

MIAMI CHILDRENS RESCUE ASSOCIATION, INC.

Principal Place of Business

227 EAST 6TH ST.
APT. A
HIALEAH FL 33010

Mailing Address

227 EAST 6TH ST.
APT. A
HIALEAH FL 33010-4873

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 227 E 6 ST

Suite, Apt. #, etc.

22 #A

City & State

23 Hialeah

Zip

24 33010

Country

25 Fla.

2a. Mailing Address

26 227 EAST 6 ST

Suite, Apt. #, etc.

27 APT. A

City & State

28 Hialeah

Zip

29 33010 FL

Country

30 Fla.

4. FEI Number

65-0544487

☒ 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ABRAHAM, ARNALDO
227 EAST 6TH ST.
APT. A
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

ARNALDO ABRAHAM

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

227 E 6 ST #A

83

84 City

Hialeah

FL

85 Zip Code

33010

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ARNALDO ABRAHAM

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 PD ☐ DELETE

NAME ABRAHAM, ARNALDO
STREET ADDRESS 227 EAST 6TH ST. APT. A
CITY - ST - ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ARNALDO ABRAHAM

Date

4-28-97

Daytime Phone #

225-7566

CR2E034 (9/96)