

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000001899 (0)

1. Corporation Name

MIAMI CHILDRENS RESCUE ASSOCIATION, INC.

FILED

98 MAY -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

227 E 6TH CT  
APT. A  
HIALEAH FL 33010  
US

Mailing Address

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

2. Principal Place of Business

21 227 E 6th

Suite, Apt. #, etc.

22 A apt

City & State

23 Hialeah

Zip

24 33010

Country

25 Florida

2a. Mailing Address

26 227 E 6th

Suite, Apt. #, etc.

27 apt A

City & State

28 Hialeah

Zip

29 33010

Country

30 Florida

3. Date Incorporated or Qualified

01/09/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ 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)

83

227 E 6th # A

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

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

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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 MIAMI CHILDRENS RESCUE ASSN. ☐ Change ☐ Addition

1.3 STREET ADDRESS ARNALDO ABRAHAM ☐ Change ☐ Addition

1.4 CITY-ST-ZIP 227 E 6th ☐ Change ☐ Addition

2.1 TITLE HIALEAH FL 33010 ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 700002514227-7 ☐ Change ☐ Addition

2.4 CITY-ST-ZIP -05/06/98--01116--017 ☐ Change ☐ Addition

3.1 TITLE \*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE

4-20-98

CR2E034 (10/97)