

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90016 034 ***150.00

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DOCUMENT # P95000001899

1. Corporation Name

MIAMI CHILDRENS RESCUE ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0544487

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ YES \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ NO \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 890 SW 128 CT
Suite, Apt. #, etc.

2a. Mailing Address

26 890 SW 128 CT
Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33184 25 USA

27 City & State

28 MIAMI FL

29 33184 30 USA

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

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

83 890 SW 128 CT

84 City

MIAMI

FL

85 Zip Code

33184

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

3-29-99 - 225-7566

12.

OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

SIGNATURE REQUIRED

ARNALDO ABRAHAM

Date

Daytime Phone #

3-29-99 225-7566

CR2E034 (11/98)