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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000050012 (9)**

1. Corporation Name
SOUTH FLORIDA LIFELINE, INC.

Principal Place of Business	Mailing Address
25 S.E. 2ND AVE. SUITE 900 MIAMI FL 33131	25 S.E. 2ND AVE. SUITE 900 MIAMI FL 33131-1679

3. Date Incorporated or Qualified: 06/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 3915 BISCAYNE BLVD
Suite, Apt. #, etc. 22: 4th FLOOR
City & State 23: MIAMI, FL
Zip 24: 33137 Country 25: U.S.A.

2a. Mailing Address
26: P.O. BOX 379006
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, FL
Zip 29: 33137 Country 30: U.S.A.

4. FEI Number: 65-0694741 ☐ 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

MURAI, WALD, BIONDO & MORENO, P.A.
25 S.E. 2ND AVENUE
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELICIANO MOHAMAD		1.2 NAME		
STREET ADDRESS	1700 S.W. 74 AVE-RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		1.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCIA MOHAMAD		2.2 NAME		
STREET ADDRESS	1700 S.W. 74 AVE-RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		2.4 CITY-ST-ZIP		
TITLE	TRESURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTO ESPIN, JR.		3.2 NAME		
STREET ADDRESS	531 ARVIDA PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	GABLES ESTATES, FL 33156		3.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILDA P. ESPIN		4.2 NAME		
STREET ADDRESS	531 ARVIDA PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	GABLES ESTATES, FL 33156		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: FELICIANO MOHAMAD PRESIDENT 4-1-97 (305) 667-8806