

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 10, 1999 8:00 am  
Secretary of State

05-10-1999 90226 044 \*\*\*150.00

DOCUMENT # **PA7000054666 JOK**

1. Corporation Name

**Sister Act, INC**

Principal Place of Business

Mailing Address

**12309 SW 224 St  
Covolds, FL 33170-4133**

**7101 SW 102 Ave  
MIAMI, FL  
33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**6-19-97**

2. Principal Place of Business

2a. Mailing Address

**21 12309 SW 224 St**

**26 7101 SW 102 Ave**

4. FEI Number

**65-076675**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

City & State

City & State

**23**

**28 Miami, Florida**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24**

**29 33173 30 U.S.A.**

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVIN GOODMAN  
7101 SW 102 Ave  
MIAMI, FL 33173**

81

Name

**Pura Paris**

82

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

**15251 SW 272 Street**

83

84

City

**Homestead**

FL

85

Zip Code

**33032**

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

**Pura Paris**

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-6-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE  
NAME **Jessica Perkins**  
STREET ADDRESS **15251 SW 272 St**  
CITY-ST-ZIP **Homestead, FL 33032**

☐ Change

☐ Addition

TITLE **VSD** ☐ DELETE  
NAME **Chai Kamen**  
STREET ADDRESS **7101 SW 102 Ave**  
CITY-ST-ZIP **Miami, FL 33173**

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE:

**Pura Paris**

**5-6-99**

Date

**305-275-5299**

Daytime Phone #

CR2E034 (1/98)