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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000070817 (6)

**SOUTH FLORIDA NANNIES AND HOUSEKEEPERS REFERRAL** SERVICES, INC.

## **FILED** May 01 1998 8:00am Secretary of State



					910 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address			t laginar me ishti dalit sami datit ashti	ADEL ADERS (B101 1901) 1001 1001	
4762 SOUTHWEST 72 AVENUE 4762 SOUTHWEST 72 AVE			VENUE		
MIAMI FL 33155		MIAMI FL 33155		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
]				08/15/1997	,
2. Principal Pla	ice of Business	2a. Mailing Address	> 111 pm pm	4. FEI Number	C Applied For
21			W 145 Terr	165-0114566	Not Applicable
Sulte, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
City & State		City & State	E1	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 1 1 anu	Country	Trust Fund Contribution	Added to Fees
24	25	20 33176	30 USA	8. This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		0,0,1	10. Name and Address of New Registere	
AMERILAWYER CHARTERED 81 1				Sadu Mandi	zahal
343 ALMERIA AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	20050C 1
CORAL GABLES FL 33134				14	5 Terr
.]			83		
			84 City a		85 Zip Code/
				liami F	L   33176
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 of the purpose of ch					
office or registered agent, or both, in the State of Horida. 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 _ MRUDICAL 4/24/98					
	Ignature, typed or printed name of registered ago OFFICERS AND		16 Registered Agent signature requir		ND DIRECTORS IN 12
12.	PSTD OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME .	MENDIZABAL, SANDRA	[] otter	1.2 NAME		El cuendo El vacacion
STREET ADDRESS	4762 SOUTHWEST 72 AVENU	IF.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	<b>-</b>	1.4 Crty-St-ZIP		
TITLE	Me un l'E 00100	DELETE	2.1 TITLE		Change Addition
NAME		<del></del>	2.2 NAME		- , -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-\$1-2IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· <del>-</del>	TT 551.55	4.4 CITY-ST-ZIP		01
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		l
STREET ADDRESS			5.3 STREET ADDRESS	•	ľ
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DETEIR	6.1 TITLE		
NAME OTOGET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ritiv that the information subulied wi	th this filing closs not qualify f	5.4 CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes I further	certify that the information

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 it changed, or on an attachment with an address.