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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000070817

1. Corporation Name

SOUTH FLORIDA NANNIES AND HOUSEKEEPER REFERRAL SERVICES, INC.

Principal Place of Business

Mailing Address

**4762 SW 72nd AVENUE
MIAMI, FLORIDA 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08-15-97

4. FEI Number

Applied For

Not Applicable

65-0774566

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4350 N. BAY ROAD

26 709 LEJEUNE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 MIAMI BEACH, FL.

28 MIAMI, FL

Zip

Country

Zip

Country

24 33140

25 DADE

29 33126

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134**

81 Name

82 SANDRA MENDIZABAL
Street Address (P.O. Box Number is Not Acceptable)
4350 N. BAY ROAD

83

84 City

FL

85 Zip Code

33140

MIAMI BEACH

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SANDRA MENDIZABAL
4350 N. BAY ROAD, MIAMI BEACH
33140**

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**SANDRA MENDIZABAL
4350 N. BAY ROAD, MIAMI BEACH, 33140**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Sandra Mendizabal SANDRA MENDIZABAL

4/27/99 (305) 330-1304