**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90027 026 \*\*\*150.00

	,
<b>DOCUMENT #</b>	P98000007795
1. Corpora ion Name	1 30000001130

GRACE	& MERCY INC			. ,		l 11 fila librar savir danis da	IN 88IN 88IN 8	<b>9</b> (11 2 <b>49</b> 15 1 <b>2618</b>	na <b>n</b> iku ilin	٠,٠
Principal Plac	e of Business	Mailing Address				non fam affigh fänft diking en	161 <b>81</b> 64 1 1 <b>8</b> 1 46 8	#112 18011 Terit	town dividen	
,		9621 FONTAINBLEAU BLVO.								
9621 FONTAINBLEAU BLVD. 9621 FONTAINBLEAU BLVD. #308										
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE				7	
,					1	porated or Qualifed				
		-1			01/19/19			1 40	-Nod For	-
<u>⊢</u> ¬	Place of Business	2a. Mailing Address	13 13	1 Tem	4. FEI Numb	080877	^	_ <del></del>	t Applicable	┨
21 4	20 5W 111 1er		O I	الالك	69-1	JONG IT	طــــــــــــــــــــــــــــــــــــ	\$8.75		1
Suite, A;xi. #, etc. Suite, Apt. #, etc.					5. Certifcate	of Status Desired		Fee Re		
City & Sta	<del> </del>	City & State			g Flection C	ampaign Financing,		\$5.00		1
23 Win	_ \ _ \ _ \ _ \ _ \ _ \ _ \ _ \ _ \ _ \	28 Milloni Fl	_	•	1	Contribution		Added 1		
Zip	Courty	Zip Zip	Country		R This compo	ration owes the curr	ent vear inta	angible		1
24 331°	1-7 25	29 33 177	30		1 **	roperty Tax.	,	ŬYes	I⊒No	1
<u> </u>	9. Name and Address of Current				10. Name and	Address of New F	Registere d A	Agent		]
		<del></del> -	81	Name						İ
	APA, MARIA E		82	Street Ac dre	ss (P.O. Bo» Nu	mber is Not Accepta	able)			1
	i fontainbleau blvd.									_
#30			83							
MIA.	MI FL 33172		84	City				85 Zip (	ixde	1
			11	-			<u> </u>			4
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607.1508, Florida Statute	s, the above	-named cc rpo	ration submits the	is statement for the	purpose of o	changing its	registered o stered	Ì
omice (r agent.la	am familiar with, and a cept the obligati	ons of Section 607.0505, Fixe	ida Statutes.			nata i natoby deser	<b>-</b> pp		<b>3</b>	
SIGNATUFE	•	***************************************	•							.l
	Signature, typed or printed na ne of registered agent			signature req. ired		COLLANDED TO OF	DATE	D DIDECTO		1 8
12.	OFFICERS AND	DELETE	13.		AUDITIONS	CHANGES TO OF	-ICERS IN	□ Change	Addition	CR2E034 (11/98)
TITLE	D TOMAS DOLLI SANDIA SA		12 NAME						_	4
NAME	TRIMARCHI, MIRIAM S		1.3 STREET	ADDRESS						8
STREET ADDRESS	9621 FONTAINBLEAU BLVD.	-	1.4 CITY-ST-							1 22
CITY-ST-ZIP	MIAMI FL 33172	DELETE	21 TITLE		<del></del>			Change	Addition	† ပြ
TITLE	T	<b>4</b>	2.2 NAME							
NAME	Zacapa, maria e 19821 Fontainbleau BlVD.		2.3 STREET	ADDRESS .						
STREET ADDRESS	MIAMI FL 33172		2.4 CITY-ST		. •					
TITLE	MIRMI FE 33172	☐ DELETE	3.1 TITLE	<del></del>				Change	Addition	1
NAME		_	3.2 NAME	ļ						Į į
STREET ADDRESS		-	3 3 STREET	ADDRESS		· · · · · · · · · · · · · · · · · · ·		,		1
CITY-ST-ZIP			3.4. CITY- ST	.zpr						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	1
NAME			4.2 NAME					•		
STREET ADORESS			4 3 STREET A	ADDRESS						1
CITY-ST-ZIP			44 CITY-ST-	.ZIP						]
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	1
NAME			5.2 NAME							
STREET ADDRESS	.]		5.3 STREET A	ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-	ZIP						1
TITLE		DELETE	6.1 TITLE					Change	Addition	
NAME			62 NAME							
STREET ADDRESS			6.3 STREET A	ADDRESS						
CITY-ST-ZIP		·	6.4 CITY-ST-							]
	certify that the information supplied with	ALI - 411 116 - 6	the exemptio	n stated to Se	ction 119 07 (3)(	) Florida Statutes	further cert	ify that the i	nomation	

I hereby certify that the information supplied with this filling does not quality for the exemption stated in 1990, Florida Statutes, in turner terming 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 at 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 charged, or on an attact ment with an address, with all other like empowered.

SIGNATURE: