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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # 709010

1. Corporation Name
JESUIT FATHERS OF THE PROVINCE OF THE ANTILLES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| LLES. INC.<br>720 NORTH EAST 27 STREET<br>MIAMI FL 33137 | LLES. INC.<br>720 NORTH EAST 27 STREET<br>MIAMI FL 33137 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>05/21/1965 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>NOT APPLICABLE ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

DE GOYTISOLO, P.A. , AGUSTIN
~~799 BRICKELL PLAZA~~
~~MIAMI FL 33131~~

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL #660

83

84 City MIAMI FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DOMINGUEZ, RAMON | | 1.2 NAME | |
| STREET ADDRESS | 1301 PICCARD DR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKVILLE MD | | 1.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CABARROCAS, DAVID J | | 2.2 NAME | |
| STREET ADDRESS | 115 PROSPECT DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | | 2. 4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | DE GOYTISOLO, AGUSTIN | | 3.2 NAME | |
| STREET ADDRESS | 799 BRICKELL PLAZA | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MIGUEZ, JUAN | | 4. 2 NAME | |
| STREET ADDRESS | 720 NE 27TH ST | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | LLORENTE, AMANDO | | 5.2 NAME | |
| STREET ADDRESS | 720 N.E. 27TH ST. | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SARDINA, JORGE | | 6.2 NAME | |
| STREET ADDRESS | 720 N.E. 27TH ST. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

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 617, 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:** SIGNATURE REQUIRED 02/17/99 305/377-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #