

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713496 (8)

1. Corporation Name

AMERICAN DOMINICAN ALUMNAE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 141365
CORAL GABLES FL 33114-1365

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CORAL GABLES FL 33114-1365

3. Date Incorporated or Qualified
10/20/1967

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-6212193

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARJONA, MARIA ELENA
3881 W. FLAGLER ST.
#326
MIAMI FL 33134-8621

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0603, Florida Statutes.

SIGNATURE

Maria Elena Arjona **MARIA ELENA ARJONA**

2/5/96

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **ARJONA, MARIA ELENA**
STREET ADDRESS **3881 W. FLAGLER ST.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** DELETE
NAME **ESTEVEZ, CELITA G.**
STREET ADDRESS **55 OCEAN LANE DR. #3024**
CITY-ST-ZIP **KEY BISCAYNE FL**

2.1 TITLE **PD** Change Addition
2.2 NAME **CELIA RHODES**
2.3 STREET ADDRESS **11463 SW 87th Ter,**
2.4 CITY-ST-ZIP **Miami, FL. 33173**

TITLE **SD** DELETE
NAME **~~DUDLEY, BLANCA~~**
STREET ADDRESS **405 MALAGA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **V** DELETE
NAME **CASAS, ANA MARGARITA**
STREET ADDRESS **1120 S.W. 95TH AVE.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **V** Change Addition
4.2 NAME **DANIA RODRIGUEZ**
4.3 STREET ADDRESS **920 Altara Ave. Coral Gables F.**
4.4 CITY-ST-ZIP **33146**

TITLE **TD** DELETE
NAME **VAZQUEZ, MARGARITA**
STREET ADDRESS **149 CARLISLE DRIVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**

5.1 TITLE **TD** Change Addition
5.2 NAME **AIDA SCOTT**
5.3 STREET ADDRESS **1788 Fairhaven Place**
5.4 CITY-ST-ZIP **Miami, FL. 33133**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Blanca B. Dudley

BLANCA DUDLEY

April 12/96 (305)448-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)