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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
P.O. BOX 141365 CORAL GABLES FL 33114-1365

3. Date Incorporated or Qualified 10/20/1967
3a. Date of Last Report 04/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-6212193 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip Country 29 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent ARJONA, MARIA ELENA 3881 W. FLAGLER ST. #326 MIAMI FL 33134-8621
10. Name and Address of New Registered Agent 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	ARJONA, MARIA ELENA	1.2 NAME	
STREET ADDRESS	3881 W. FLAGLER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	CELIA RHODES	2.2 NAME	
STREET ADDRESS	11463 SW 87TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	DUDLEY, BLANCA	3.2 NAME	
STREET ADDRESS	405 MALAGA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	V [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	DANIA RODRIGUEZ	4.2 NAME	
STREET ADDRESS	920 ALTARA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	TD [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	AIDA SCOTT	5.2 NAME	
STREET ADDRESS	1788 FAIRHAVEN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Blanca B. Dudley* Secretary 2/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/96)