

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713496 (8)**  
 1. Corporation Name  
**AMERICAN DOMINICAN ALUMNAE, INC.**



Principal Place of Business P.O. BOX 141365 CORAL GABLES FL 33114-1365	Mailing Address P.O. BOX 141365 CORAL GABLES FL 33114-1365
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3. Date Incorporated or Qualified <b>10/20/1967</b>	Applied For Not Applicable
4. FEI Number <b>59-6212193</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ARJONA, MARIA ELENA</b>
STREET ADDRESS	<b>3881 W. FLAGLER ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CELIA RHODES</b>
STREET ADDRESS	<b>11463 SW 87TH TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DUDLEY, BLANCA</b>
STREET ADDRESS	<b>405 MALAGA AVE.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DANIA RODRIGUEZ</b>
STREET ADDRESS	<b>920 ALTARA AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>AIDA SCOTT</b>
STREET ADDRESS	<b>1788 FAIRHAVEN PLACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD. CELIA RHODES</b>
2.3 STREET ADDRESS	<b>11463 SW 87 TERR.</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD SYLVIA VARTS</b>
3.3 STREET ADDRESS	<b>8401 SW 107 Ave. #233-E</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DD DANIA RODRIGUEZ</b>
4.3 STREET ADDRESS	<b>920 ALTARA AVE</b>
4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *Aida J. Scott* **2/16/98** **305/854-2064**

CR2E037 (10/97)