

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90070 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

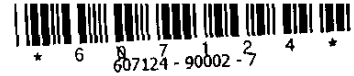


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713496

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6212193	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

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: DANIA H. RODRIGUEZ			
				82 Street Address (P.O. Box Number is Not Acceptable): 920 ALTARA AVENUE			
				83			
				84 City: CORAL GABLES FL 85 Zip Code: 33146			

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: *Dania H. Rodriguez* DATE: **7/13/99**
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	D ARJONA, MARIA ELENA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD CELIA RHODES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 VARAS, SYLVIA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARAS, SYLVIA	3.2 NAME	
STREET ADDRESS	8401 SW 107 AVE, #233-E	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	
TITLE	PD DANIA RODRIGUEZ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AIDA SCOTT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Dania H. Rodriguez* DATE: **7/13/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)