FILE NOW: FILING FEE IS \$61.25

NONPROFIT , **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(5)

FILED May 20 1998 8:00am Secretary of State

INC.						
Principal Place of Business Mailing Address			 -	I TABATE FORMS STITUS DESSE FIND STATES THE RESELVENCE ALONG STATES AND IL GLOST BERTH. STOLL STATES AND IL COLL		
R21 8.W. 22ND MIAMI FL 3313		275 FONTAINBLEAU BLVD STE #200 Miami FL 33172 US			3. Date Incorporated or Qualified 09/17/1976 4. FEI Number Applied Fo 59-1718528 Not Applied	
2. Principal Place of Business		2a. Maiting Address			C	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	
24		29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
HYMAN, MICHAEL L.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	NC. Dal Place of Business Y. 22ND AVENUE. SUITE 219 FL 33135 The part of Business Tourity 25 9. Name and Address of Current YMAN, MICHAEL L. WEST FLAGLER ST. ITH FLOOR COURTHOUSE TOWER IAMI FL 33130 TOURITH of Business of Sections 617.050 The provisions of Sections 61		83	19		
			0.5	1		
	-		84	,	FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stalm familiar with, and accept the obli	502 and 617.1508, Florida Statut te of Florida. Such change was a igations of, Section 617.0503, Flo	les, the abov authorized b orida Statute	re-named co y the corpo is.	orporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE		1107	E 5-2-1		guired when reinstaling) DATE	
12.			13.	eni egnature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TOLE	$\overline{}$	P D Change Add	
NAME		_	1.2 NAME		MANUEL FRANQUIZ	
STREET ADDRESS	1		4		1975 W. 44 PL.#508-A	
CITY-ST-ZIP			1.4 CITY-	1 1	HIALEAH, FL. 33012	
TITLE		DELETE	2.1 TITLE	<u> </u>	D Change Add	
NAME			2.2 NAME		GEORGE BRICENO	
STREET ADDRESS		235			1975 W. 44 PL.#A-308	
CITY-ST-ZIP			2. 4 CITY-	ì	aHIALEAH, FL. 33012	
TITLE		☐ DELETE	3.1 TITLE		T/D Change Add	
NAME	ROSA, RAMOS		3.2 NAME		ISMAEL RIOS	
STREET ADDRESS			3.3 STREE	T ADDRESS	4490 W. 19 CT.#211-B	
CITY-ST-ZIP	1		3.4. CITY-		HIALEAH, FL. 33012	
TITLE		DELETE	4.1 TITLE		S/D ☐ Change ☐ Add	
NAME	GARCIA, ELIO		4. 2 NAME	1,	JORGE SAUVALLE	

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

5.1 TITLE

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

4500 W. 19 COURT APTE #D-536

HIALEAH FL

HIALEAH FL

DOMINGUEZ, JOSE

4525 W 20TH AVE., #521

4500 W. 19 CT.#231-D

4500 W. 19 CT.#537-D

HIALEAH, FL. 33012

ANTONIO ROMANI

X Change

☐ Change

Addition

Addition