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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N33016

(9)

ELIER DACAL FOUNDATION, INC.

Principal Place of Business Mailing Address											II DADUK BEDAL D	
5208 SW 139TH MIAMI FL 33175	-	MIAMI	5208 SW 139TH CT. MIAMI FL 33175-5151 US									
US		US					3. Date Incorpo 06/28/1	rated or Qualified		ite of Last   <b>04/05/19</b>		
2. Principal Pi	face of Busine	2a. Ma	2a. Mailing Address 26				4. FEI Number 65-012	4. FEI Number Applied For 65-0128946 Not Applicable				
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of	5. Certificate of Status Desired  \$8.75 Additional Fee Required				
City & State			28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7ip	Country 25			Ziρ Cou 29 30				8. This corporat		lity for intangible tax under s. 199.032,		
	<ol><li>Name and Address of Current</li></ol>			Registered Agent				10. Name and Address of New Registered Agent				***************************************
	,					81	Name					
DACAL,						Street Ad	lress (P.O. Box Number is Not Acceptable)					
5208 SW 139TH CT. MIAMI FL 33175						83		***************************************				
	•				84	City		and the second s	FL	<b>85</b> Zip	Code	
office or re agent. La	egistered age m familiar wit	ent, or both, in the S h, and accept the ol	tate of Florida. oligations of, Se	Such change was action 617.0503, F	ites, the a authorize lorida Sta	above ed by atutes	e-named co the corpor s.	orporation submits this ration's board of direct	statement for the poors. I hereby accep	urpose of the app	changing ointment a	its registered s registered
							nt signature rec	quired when reinstating)		DATE		
12.		OFFICERS	AND DIRECTO	iks	13.			ADDITIONS/CI	HANGES TO OFFIC	ERS AND		
TITLE	PD			DELETE	1.1 1	TITLE					□ Change	Addition
NAME	DACAL, S			1.2 N/								
STREET ADDRESS	,	139TH CT.		1.3 ST			ADDRESS					
CHY-SI-ZIP	MIAMI FL					CITY-S	T-ZIP			٠		
TITLE	D			DELETE 2.1 T							☐ Change	☐ Addition
NAME		ouse, John		2.2 N								
STREET ADDRESS	1	139TH CT					ADDRESS					J
CHY-ST-ZIP	MIAMI FL	<u> </u>			_	CITY-S	ST - ZIP				T-10	
THEE	D			DELETE	1	TITLE					☐ Change	Addition
NAME		THOMAS J MD			321	NAME						
STREET ADJORESS		N 64TH AVE					ADDRESS					
CITY - ST - ZIP	MIAMI FL			——————————————————————————————————————		CITY :	ST-ZIP				<u> </u>	
TITLE	D			L DELETE		TITLE					L Change	Addition
NAME		MARY M				NAME						
STREET ADDRESS	1	N 64TH AVE			4.3 3	STREET	ADDRESS					
CITY - S1 - 24P	MIAMI FL	<b>.</b>		T7)&		CITY - S	T-ZIP				<u> </u>	
TITLE	D			DELETE		TITLE					Change	Addition
NAME		z, pedro santi	AGU			NAME						
STREET ADDRESS	1	3 AVENUE			5.3	STREET	ADDRESS					
CHY-ST-ZIP	MIAMI FL	-		· · · · · · · · · · · · · · · · · · ·		CITY - S	1-ZIP					
TITLE				DELETE	6.11	TITLE					Change	Addition
NAME					6.21	NAME						
STREET ADORESS					6.3	STREET	ADDRESS					
CITY ST. NO					6.4	rity. C	T_7IP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 13, 1997

**FILED** 

Mar 24 1997 8:00am

Secretary of State

Daytime Phone # 0032865