

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2: 24

DOCUMENT # **N48676** (3)

1. Corporation Name

**ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.**

Principal Place of Business Mailing Address

4024 NW 5 ST  
MIAMI FL 33126  
US

4024 NW 5 ST  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1992** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0379529** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, FELIX**  
4024 NW 5 ST  
MIAMI FL 33126

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **LIMA, MARIA ANTONIETA**  
STREET ADDRESS **11751 SW 15 ST**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE **VD**  
NAME **RODRIGUEZ, MIRTHA**  
STREET ADDRESS **2121 NW 1 TERR**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

**VD**  
**RAQUEL ALONSO**  
**3700 E. 8th Ave., Hialeah, FL.**

TITLE **SD**  
NAME **ROQUE, NARCISO**  
STREET ADDRESS **17327 NW 63 CT**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **RODRIGUEZ, LUIS G.**  
STREET ADDRESS **1344 W 38 PL**  
CITY-ST-ZIP **HIALEAH FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE **TD**  
NAME **GONZALEZ, FELIX**  
STREET ADDRESS **4024 NW 5 ST**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **ALONSO, RAQUEL**  
STREET ADDRESS **3700 E 8 AVE**  
CITY-ST-ZIP **HIALEAH FL**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Maria Antonietta Lima*

*Maria Antonietta Lima*

*2/18/95*

*375-5696*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER