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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
US4024 NW 5 ST
MIAMI FL 33126-5606
US3. Date Incorporated or Qualified
05/04/19923a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 Same as above

2a. Mailing Address

26 Same as above

4. FEI Number

65-0379529

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

24 Dade

29 Dade

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

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

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

N/A

84 City

N/A

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/97

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☐ DELETE1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Ricardo Gonzalez Hialeah
1.3 STREET ADDRESS 2500 W 56 St apt 1422 FL
1.4 CITY-ST-ZIPTITLE VD
NAME RAQUEL, ALONSO
STREET ADDRESS 3700 E 8TH AVE
CITY-ST-ZIP HIALEAH FL☐ DELETE2.1 TITLE Vice-President ☒ Change ☒ Addition
2.2 NAME CARIDAD BAIZA
2.3 STREET ADDRESS 13741 SW 15 St Miami, FL
2.4 CITY-ST-ZIP 33184TITLE SD
NAME ROQUE, NARCISO
STREET ADDRESS 17327 NW 63 CT
CITY-ST-ZIP MIAMI FL☒ DELETE3.1 TITLE MARIA ANTONIETA LIMA ☒ Change ☐ Addition
3.2 NAME SECRETARY
3.3 STREET ADDRESS 11751 SW 15 St MIAMI FL
3.4 CITY-ST-ZIP 33184TITLE D
NAME RODRIQUEZ, LUIS G.
STREET ADDRESS 1344 W 38 PL
CITY-ST-ZIP HIALEAH FL☒ DELETE4.1 TITLE TREASURER ☒ Change ☐ Addition
4.2 NAME VICTORINO MORIN apt 112
4.3 STREET ADDRESS 9455 West Flagler Miami F.
4.4 CITY-ST-ZIPTITLE TD
NAME GONZALEZ, FELIX
STREET ADDRESS 4024 NW 5 ST
CITY-ST-ZIP MIAMI FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME ALONSO, RAQUEL
STREET ADDRESS 3700 E 8 AVE
CITY-ST-ZIP HIALEAH FL☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028467

CP2E037 (9/96)