

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50688 (3)

1. Corporation Name

MAYA AMERICAN COMMUNITY COUNCIL, INC.



Principal Place of Business

Mailing Address

18820 SE 355 TERRACE
FLORIDA CITY, FL
FLORIDA CITY FL 33034
US

18820 SW 355 TERRACE
FLORIDA CITY FL 33034
US

3. Date Incorporated or Qualified
09/02/1992

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0358747

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

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

LEONARD, JACK T.
140 NW 10TH ST
HOMESTEAD FL 33030

81 Name

JACK T. LEONARD

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

18820 SW 355 TERRACE

83

FLORIDA CITY

84 City

FL

85 Zip Code

33034

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

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 PTD ☐ DELETE
NAME LEONARD, JACK T
STREET ADDRESS 18820 SW 355 TERRACE
CITY-ST-ZIP FLORIDA CITY FL

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

TITLE VSD ☐ DELETE
NAME FRANCISO, PASCUAL
STREET ADDRESS 18820 SW 355 TERRACE
CITY-ST-ZIP FLORIDA CI

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

TITLE D ☐ DELETE
NAME GASPAR, SANTIAGO
STREET ADDRESS 18820 SW 355 TERRACE
CITY-ST-ZIP FLORIDA CITY FL

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

TITLE D ☐ DELETE
NAME CHAY, SANTOS
STREET ADDRESS 140 NW 10TH ST.
CITY-ST-ZIP HOMESTEAD FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JACK T. LEONARD
JACK T. LEONARD

4/29/96

305
248-4024

CR2E037 (12/95)