FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N50688

(3)

MAYA AMERICAN COMMUNITY COUNCIL, INC.

INCLA	AMENIOAR COMMONTY					
Principal Plac	e of Business	Mailing Address				T (BRILIAL) BRE BIIIN BRILD BRIDT LATAL BEAT BROWN BROWN BLANK BIRN'S BIRN'S BIRN'S BIRN'S BIRN'S BIRN'S BIRN'S
18820 SE 355 FLORIDA CITY. FLORIDA CITY	. FL	18820 SW 355 TEF FLORIDA CITYU FL US				
US						3. Date Incorporated or Qualified 09/02/1992 05/16/1996
2. Principal F	Place of Business	2a. Mailing Addre	186	-		4. FEI Number Applied For 65-0358747 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			 >	5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ziρ	Coi	untry	,	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curre	ent Registerød Agent				10. Name and Address of New Registered Agent
				81	Name	
	RD, JACK T SW 355 TERRACE			82	Street A	Address (P.O. Box Number is Not Acceptable)
FLORIDA CITY FL 33034				83		
ı				84	City	FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 617, 1508, Florid te of Florida. Such chang igations of, Section 617.0	a Statutes, the a ge was authorize 0503, Florida Sta	boved by	e-named of the corposit	corporation submits this statement for the purpose of changing its registered paration's board of directors. I hereby accept the appointment as registered
SIGNATORIE	Signature, typed or printed name of registered a			d Age	ent signature i	required when reinstating) DATE
12.		ND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DEL				☐ Change ☐ Addition
NAME	LEONARD, JACK T		12 N			
STREET ADDRESS	18820 SW 355 TERRACE				ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL	T or		1.4 CITY - ST - ZIP		
TITLE	VSD DACOUAL	☐ DEL	F	2.1 T(TLE		Change C Addition
NAME	FRANCISO, PASCUAL		22 N			
STREET ADDRESS	18820 SW 355 TERRACE FLORIDA CI				ADDRESS	
CITY-ST-ZIP	n PLORIDA CI	DEL			ST-ZIP	☐ Change ☐ Addition
NAME	GASPAR, SANTIAGO	[_] 0.0	32 N			Charle - Auditori
STREET ADDRESS	18820 SW 355 TERRACE		1		ADDRESS	
	FLORIDA CITY FL					
CITY+ST-ZIP TITLE	D	DEL			ST-ZIP	☐ Change ☐ Addition
NAME	CHAY, SANTOS		ľ	NAME		
STREET ADDRESS	140 NW 10TH ST.		1		ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL				17-21P	÷
TITLE		DEt				☐ Change ☐ Addition
NAME	1	-	52 N		1	, —
STREET ADDRESS	Ì				ADDRESS	
CITY-ST-ZIP	1				T-ZIP	
TITLE		☐ DEL				☐ Change ☐ Addition
NAME	i					
	1		6.21	IAME	1	
STREET ADDRESS	{ 				ADDRESS	

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.