

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N94000003948 (6)**

1. Corporation Name

**THE WILLY CHIRINO FOUNDATION, INC.**



Principal Place of Business

Mailing Address

3801 N.E. 1ST AVENUE  
 MIAMI FL 33137

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 MIAMI FL 33137

3. Date Incorporated or Qualified  
**08/11/1994**

3a. Date of Last Report  
**05/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5101 Collins Ave.**

26 **5101 Collins Ave.**

4. FEI Number  
**65-0538140**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**Suite 3-R**

27 Suite, Apt. #, etc.  
**Suite 3-R**

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

23 City & State  
**Miami Beach, Fl.**

28 City & State  
**Miami Beach, Fl.**

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

24 Zip  
**33140**

Country

29 Zip  
**33140**

30 Country

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

**ALLEN, WILFREDO  
 2250 S.W. 3RD AVENUE  
 THIRD FLOOR  
 MIAMI FL 33129**

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 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  DELETE  
 NAME **D CHIRINO, WILLY**  
 STREET ADDRESS **2250 S.W. 3RD AVE.**  
 CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE  DELETE  
 NAME **D RODRIGUEZ, ESTHER A**  
 STREET ADDRESS **3200 S.W. 138TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE  DELETE  
 NAME **D CHIRINO, JOSEFINA R**  
 STREET ADDRESS **4550 N.W. 5TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Willy Chirino*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/20/96 (305) 864-1011**