


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90012 040 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000005804 (9)** ✓  
 1. Corporation Name  
**CULTURAL AFFAIRS COUNCIL OF SOUTH MIAMI, INC.**



Principal Place of Business      Mailing Address

**5610 SUNSET DRIVE**      **5610 SUNSET DRIVE**  
**SO. MIAMI FL 33143**      **SO. MIAMI FL 33143**

3. Date Incorporated or Qualified  
**11/28/1994**

4. FEI Number      Applied For  
**65-0655845**      Not Applicable

2. Principal Place of Business      2a. Mailing Address

21 **7800 Red Road**      26 **7800 Red Road**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22 **215 D**      27 **215 D**  
 City & State      City & State  
 23 **SOUTH MIAMI FL**      28 **SOUTH MIAMI FL**  
 Zip      Country      Zip      Country  
 24 **33143**      25 **USA**      29 **33143**      30 **USA**

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. Is this nonprofit corporation a homeowners association?       Yes       No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.       Yes       No

9. Name and Address of Current Registered Agent

**SASSO, PAUL R**  
**28 WEST FLAGLER STREET**  
**SUITE 505 COURTHOUSE PLAZA**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **MARIO GARCIA**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6015 SW 89 AVE**  
 83  
 84 City **MIA**      FL      85 Zip Code **33173**

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 **MARIO GARCIA**      *Mario Garcia*      4-29-99  
 Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SASSO, PAUL R</b>
STREET ADDRESS	<b>28 WEST FLAGLER ST, STE 505 COURTHOUSE PLZ</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GARCIA, JORGE L</b>
STREET ADDRESS	<b>5610 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SIBLEY, CURTISS F</b>
STREET ADDRESS	<b>5750 SUNSET DR</b>
CITY-ST-ZIP	<b>S MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDREW, ESTHER S</b>
STREET ADDRESS	<b>5610 SUNSET DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JAVIER A. ACOSTA</b>
1.3 STREET ADDRESS	<b>5925 SW 89 AVE</b>
1.4 CITY-ST-ZIP	<b>MIA FL 33173</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARIE LA RUSSA</b>
3.3 STREET ADDRESS	<b>1550 SAN IGNACIO AVENUE</b>
3.4 CITY-ST-ZIP	<b>COXAL GABLES, FL 33146</b>
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ANDREW ESTHER S</b>
4.3 STREET ADDRESS	<b>5610 SUNSET DR</b>
4.4 CITY-ST-ZIP	<b>MIA FL 33143</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **JORGE L. GARCIA**      *Jorge L. Garcia*      President      4-29-99      (305) 665-7065  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CORPORATE