FILE NOW: FILING FEE IS \$61.25

Mailing Address

6880 SW 132 ST.

MIAMI FL 33156

2a. Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

6880 SW 132 ST.

MIAMI FL 33156



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 15 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

12/12/1995

65-0634239

5. Certificate of Status Desired

4. FEI Number

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005889 (9)

TEJADA FAMILY FOUNDATION, INC.

21		26						ree	Hequirea	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution Added to Fees				
City & Stat						7. Is this paparofit corporation a	homeowner	re agencia	tion?	
23	28			7. Is this nonprofit corporation a homeowners association? Yes No						
Zip	Country Zip Cor			untry 8. This corporation owes or has paid the current year Intangible						
24	25		30			Personal Property Tax due J		Yes	No	
	9. Name and Address of Currer	nt Registered Agent		81 N		10. Name and Address of New	Registered	Agent	<u>-</u>	
					lame					
M & W AGENTS, INC.					82 Street Address (P.O. Box Number is Not Acceptable)					
STE. 1707, 9100 S. DADELAND BLVD.										
MIAMI FL 33156-7819										
					84 City 85 Zip Code					
				84 (ity		FL	85 Zi	p 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 AN		13.		- ,	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12	
TITLE	D	DELETE	1.1 TN	TLE				Change	e Addition	
NAME	TEJADA, FRANCISCO		1.2 NA	AME						
STREET ADDRESS	6880 SW 132 ST.			1.3 STREET ADDRESS						
CITY-ST-ZIP	ANTAR EL ARTES			1.4 CITY-ST-ZIP						
TITLE			_	2.1 TITLE				Change	e	
NAME	TEJADA, BARBARA		2.2 NA					_ •		
STREET ADDRESS	6880 SW 132 ST.			REET ADD	BESS					
	MIAM! FL 33156			ITY-ST-Z						
CITY - ST - ZIP	D D	☐ DELETE	3.1 717		IP			Change	e	
	FRANK, ANA M		3.2 NA							
NAME	4605 WOODCREEK DR.		4,4		.pres					
STREET ADDRESS	KENTWOOD MI 49546			REET ADD					†	
CITY-ST-ZIP	D NEW 1 WOOD WI 49346	DELETE	3.4. CI	MY-ST-Z	IP			Change	e Addition	
TITLE	~	El perese						L Change	, L Addition	
NAME	TEJADA, SEMIRAMIS		4. 2 N							
STREET ADDRESS	57 PARK AVE., APT. B			REET ADD						
CITY-ST-ZIP	MADISON NJ 07940	L pries		TY-ST-ZI	P			Chann	a Selection	
TITLE		L DELETE	5.1 TIT			1 - 1	. 0 -	Change	e 🔼 Addition	
NAME			5.2 NA		Da	bara hee Telo	ioa			
STREET ADORESS			5.3 ST	REET ADD	RESS GG;	80 JW 102 SIFE	iei			
CITY-ST-ZIP				TY-ST-ZI	p M	ami, FL. 3315	<u>6 </u>	T 2:		
TITLE		☐ DELETE	6.1 TIT	TLE				L Change	e 🔲 Addition	
NAME			6.2 NA	ME					,	
STREET ADDRESS			6.3 ST	REET ADD	RESS					
CITY-ST-ZIP		·	6.4 CI	TY-ST-ZI	Р					
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information is included on this angular tenor for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cate that I am an										
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.										
Block 12 or Block 13 it changed or on an attachment with an address.										
SIGNATURE:										