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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500005889 1. Corporation Name

TEJADA FAMILY FOUNDATION, INC.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90115 017 \*\*\*\*61.25

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Principal Place of Business Mailing Address						
6880 SW 132 ST. 6880 SW 132 ST. MIAMI FL 33156 MIAMI FL 33156						
					\$ 16.8.214.94 \$10 (0.10) 01111 00141 00141 04411 64	till markt årent fætht læten sam taat
					,	•
**************************************	La contraction of Disciplination	29 Mailing Addrson			Date Incorporated or Qualifed	<del></del>
	lace of Business	2a. Mailing Address			12/12/1995	
21	44 -4	Suite, Apt. #, etc.		<u>.</u>	4. FEI Number	Applied For
Suite, Apt.	#, etc.	<b>⊢</b>			65-0634239	Not Applicable
City & State		City & State			00 000 1200	\$8,75 Additional
	8	<b>⊢</b> '			5. Certifcate of Status Desired	Fee Required
23 Zin	Country Zip		Coun	trv	S. Sharting Community Financing	
Zip		<u> </u>	Zip Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Curre	29	30		10. Name and Address of New Registe	
	3. Name and Address of Core	air vedisteren våeur	<u> </u>	81 Name -		
44 6 44	SELECTION		L	7	trancisco Tejada	
	GENTS, INC.				ddress (P.O. Box Number is Not Acceptable)	an to
	7 <del>, 9100 S. Dadeland Blvd.</del>	-	<u> </u>	83	6880 SW 132 GI	eci
MIAMI FL	33156-7819		]	00		
			ħ	84 City	Miami	85 Zip Code
					•	FL 33156
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu e o <del>f F</del> lorida, Such change was :	ites, the ab authorized	ove-named co by the comora	prporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 6/17.05/03, Fig	orida Statut	les.	1/	0/00
SIGNATURE	Expanel co					8/44.
	Signature, typed or printed name of registered ag	<u> </u>		gent signature requ	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE		T SELETE				Change C Addition
III L	D CONTROL	☐ DELETE	1.1 ΤΙΠ	- 1		☐ Change ☐ Addition
NAME	TEJADA, FRANCISCO	☐ DELETÉ	1,2 NAN	Œ.		☐ Change ☐ Addition
	TEJADA, FRANCISCO 6880 SW 132 ST.	☐ DELETE	1,2 NAN	- 1		☐ Change ☐ Addition
NAME	TEJADA, FRANCISCO		1.2 NAA 1.3 STR	Œ.		
NAME STREET ADDRESS	TEJADA, FRANCISCO 6880 SW 132 ST.	☐ DELETE	1.2 NAA 1.3 STR	ME LEET ADORESS 7-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	TEJADA, FRANCISCO 6880 SW 132 ST. MIAMI FL 33156		1.2 NAM 1.3 STR 1.4 CITY	Æ EET ADORESS /-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TEJADA, FRANCISCO 6880 SW 132 ST. MIAMI FL 33156 D		1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	Æ EET ADORESS /-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TEJADA, FRANCISCO 6880 SW 132 ST. MIAMI FL 33156 D TEJADA, BARBARA		1.2 NAA 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAA 2.3 STR	ME EET ADORESS (-ST-ZIP E		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEJADA, FRANCISCO 6880 SW 132 ST. MIAMI FL 33156 D TEJADA, BARBARA 6880 SW 132 ST. MIAMI FL 33156 D FRANK, ANA M 4605 WOODCREEK DR. KENTWOOD MI 49546 D TEJADA, SEMIRAMIS	☐ DELETE	1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL	AE LEET ADDRESS  /-ST-ZIP  E AE LEET ADDRESS  Y-ST-ZIP  E EET ADDRESS  Y-ST-ZIP  E ME LEET ADDRESS  /-ST-ZIP  E ME LEET ADDRESS  /-ST-ZIP  /-ST-ZIP	166 East 34th Street. Ap New York City, N. Y. 10	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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Cmy-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 in powered 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 a dodress, with all other like empowered. (305) 325-1220

SIGNATURE: