FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722645** **(9)**

1. Corporation Name

CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN MIAM I, INC.

Principal Place of Business	Mailing Address
1815 NW NORTH RIVER DR. MIAMI FL 33125	1815 NW NORTH RIVER DR. MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1972
3a. Date of Last Report: 03/15/1994
4. FEI Number: 51-0204107 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CASTILLO, OSVALDO
9481 SW 10TH STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: ARGELIO BETANCOURT
82 Street Address (P.O. Box Number is Not Acceptable): 451 NW 33 AVE.
83: MIA. FL 33125
84 City: MIAMI **FL** 85 Zip Code: 33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Betancourt 2-5-95
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	PD	11 TITLE	☒ Change ☐ Addition
NAME	CASTILLO, OSVALDO	12 NAME	PD
STREET ADDRESS	9481 SW 10 ST	13 STREET ADDRESS	ARGELIO BETANCOURT
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	451 NW 33 AVE Mia. FL 33125
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	MORENO, CARLOS	22 NAME	D
STREET ADDRESS	4265 NW 186 TERR	23 STREET ADDRESS	JOSE GOMEZ
CITY-ST-ZIP	CAROL CITY FL	24 CITY-ST-ZIP	51 SW 98 AVE MIA. FL 33174
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GARRIDO, RICARDO	32 NAME	TD
STREET ADDRESS	11840 SW 205 ST	33 STREET ADDRESS	RICARDO GARRIDO
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	11840 SW. 205 ST. MIAMI FL 33177
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Ricardo Garrido Ricardo Garrido 2-5-95 235/1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H 3/24

084048