

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 # **760663** (5)

1. Corporation Name

**LIGA ECUATORIANA DE FLORIDA INC**

Principal Place of Business

**12227 S.W. 132ND COURT  
MIAMI FL 33186**

Mailing Address

**12227 S.W. 132ND COURT  
MIAMI FL 33186**

56 JUN 26 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
**11/10/1981**

3a. Date of Last Report  
**05/24/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**59-1102060**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VALERO, MARTHA F  
8899 D S.W. 133RD COURT  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**85** Zip Code

**200001874542  
06/25/96 01059 002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
FL**

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

TITLE ☐ DELETE  
NAME **V VALERO, MARTHA F**  
STREET ADDRESS **8899 D S.W. 133RD COURT**  
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ DELETE  
NAME **D VERGARA,**  
STREET ADDRESS **10190 S.W. 137 COURT**  
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ DELETE  
NAME **D VALERO, CARLOS**  
STREET ADDRESS **8899 D S.W. 133RD COURT**  
CITY - ST - ZIP **MIAMI FL 33186**

TITLE ☐ DELETE  
NAME **T GUEVARA, JAIME E**  
STREET ADDRESS **9737 S.W. 147TH COURT**  
CITY - ST - ZIP **MIAMI FL 33196**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D GUSTAVO KING**  
1.3 STREET ADDRESS **4216 S.W. 154th**  
1.4 CITY - ST - ZIP **Miami FL 33186**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D Cecilia BARRAQUE**  
2.3 STREET ADDRESS **7380 N. AUGUSTA DR.**  
2.4 CITY - ST - ZIP **Miami FL 33015**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **D Betty OJA**  
3.3 STREET ADDRESS **7801 S.W. 148 AVE**  
3.4 CITY - ST - ZIP **Miami FL 33193**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D JAIME GUEVARA**  
4.3 STREET ADDRESS **10942 S.W. 153 AVE**  
4.4 CITY - ST - ZIP **Miami FL 33196**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G. Cecilia Barraque**

**6/7/96 (305) 376-8770**

Date

Daytime Phone #

0006628

CR2E037 (3/96)