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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARIMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

732592

(1)

LIGA CONTRA EL CANCER, INC.

## FILED Jan 30 1997 8:00am Secretary of State

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1	e of Business	Mailing Address					
{League again   1895 S.W. 3RD   Miami FL 33129		(LEAGUE AGAINST CAN 1895 S.W. 3RD AVE. MIAMI FL 33129-1456	ICER. INC.)				
		MIAMI FL 33129-1430			3. Date Incorporated or Qualified 04/28/1975	3a. Date of Last R 01/24/199	eport 96
— ·	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1629554	No	t Applicable
Suite, Apt.	#, eic.	Suite, Apt #, etc.			5. Certificate of Status Desired	□ \$8.75 <i>/</i>	
City & State		City & State		**	C Licetian Committee Ethanis	Fee Re	· <u>·</u>
23		28			6. Election Campaign Financing Trest Fund Contribution	\$5.00 Added 1	
Zip	Country	Zip	Country	,	8. This corporation has liability for i		
24	25	29	30			Yes No	100.001,
, <del>.</del>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
LAMAR,			82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
	/ 8TH ST 305		83		· · · · · · · · · · · · · · · · · · ·		
MIAMI FL	L 33134		83				
			84	City		<b>85</b> Zip (	Codo
11. Purcuant t	to the provisions of Sections (137.0)	.02 and 617 1500 Ebuilde Co	duton tico obs	a average di a	poration submits this statement for the p	FL 65 Zip C	
SIGNATURE	m familiar with, and accept the obli- Signature typed or proved state of registrates.				pirro when reinstating)  ADDITIONS/CHANGES TO OFFI (C	DATE.	C IN 1 G
TOLE	TD	DELETE	1.1 Till f		ADDITIONS/CHANGES TO OFFIC	Change	S IN 12 Addition
NAME	SANTEIRO, LUIS R.		1.2 NAME			L_J Gliange	LT ADDITIO
STREET ADDRESS	2420 SW 27 AVE.			ADDRESS			
			■ 13 STR⊁E				
CITY-ST-ZIP	CORAL GABLES FL		1.3 STREET 1.4 CDY- 9				
CITY-ST-ZIP TITLE		DELETE	1.4 CHY-5 2.1 TIME			☐ Change	Additio
	CORAL GABLES FL	DELETE	1.4 CRY- 9		- · · · · · · · · · · · · · · · · · · ·	☐ Change	Additio
TITLE	CORAL GABLES FL PD VILLA, LUIS, M.D. 3661 S MIAMI AVE #305	DELETE	1.4 CHY- S 2.1 TITLE	I - ZIP		☐ Change	Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CORAL GABLES FL PD VILLA, LUIS, M.D. 3661 S MIAMI AVE #305 MIAMI FL SD ALONSO-MEMDOZA, EMILIO	DELETE	1.4 CDY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CDY- 3.1 TITLE 3.2 NAME	ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CORAL GABLES FL PD VILLA, LUIS, M.D. 3661 S MIAMI AVE #305 MIAMI FL SD ALONSO-MEMDOZA, EMILIO 634 ALTARA AVE	DELETE	1.4 CDY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CDY- 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS ST-ZIP ADDRESS			
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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 if 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

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