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Jan 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N39009 (8)

1. Corporation Name

ACADEMIA DE LAS LUMINARIAS DE LAS BELLAS ARTES,
INC.

Principal Place of Business

Mailing Address

6702 SW 25 TERR.
2250 SW 3RD AVE
MIAMI FL 33155
US

6702 SW 25 TERR.
MIAMI FL 33155
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OLIVA, RUBEN
2250 SW 3RD AVE
MIAMI FL 33129

3. Date Incorporated or Qualified

07/10/1990

4. FEI Number

65-0226260

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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 AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS ROMAN, PEDRO
CITY-ST-ZIP 6702 SW 25TH TER
MIAMI FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS MOLINA, ANTONIO
CITY-ST-ZIP 4300 SW 11 ST.
MIAMI FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS OTERO DE, ERNESTO
CITY-ST-ZIP 1750 W 46TH ST #113
HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS OTERO DE/ERNESTO
1.4 CITY-ST-ZIP 1750 W 46 ST #113
HIALEAH FL 33012

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VPD
2.3 STREET ADDRESS MOLINA ANTONIO
2.4 CITY-ST-ZIP 4300 SW 11 ST
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME SD
3.3 STREET ADDRESS ESTHER CHANES
3.4 CITY-ST-ZIP 5613 NW 189 TERR
MIAMI FL 33055

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE OF OTERO DE ERNESTO DO OTERO 1-7-98 (257) 827-6311

CR2E037 (10/97)