

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23897** (4)

1. Corporation Name

ALLAPATTAH-WYNWOOD COMMUNITY AND DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

**1500 NW 16TH AVE.
MIAMI FL 33125
US**

**1500 NW 16TH AVE.
MIAMI FL 33125
US**



3. Date Incorporated or Qualified

12/16/1987

4. FEI Number

65-0129019

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent

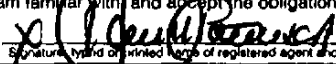
**RODRIGUEZ, GUILLERMO
2653 NW 22ND COURT
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name	Herbert S. Fonseca SR.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	604 S.W. 64 Ave
84 City	Miami
85	FL
86 Zip Code	33144

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



Herbert S. Fonseca SR. Pres. 04-08-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FONSECCI, HERBERT S SR.	
STREET ADDRESS	2655 N.W. 22 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CIFUENTES, CARLOS	
STREET ADDRESS	2653 NW 22ND COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RODREQUEZ, ROSINIA	
STREET ADDRESS	4750 N.W. 2 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARRERA, JANET	
STREET ADDRESS	4520 S.W. 136 PLACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	FONSECA, HERBERT S	
STREET ADDRESS	2655 NW 22ND COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fonseca, Herbert S. SR.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	miami, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:



04-08-98 (305) 547-1382

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1097)