## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007641

Entity Name: DE LA SALLE ALUMNI INC.

**Current Principal Place of Business:** 

6101 NW 40 TERRACE

VIRGINIA GARDENS, FL 33166

**Current Mailing Address:** 

P.O. BOX 431493 MIAMI, FL 33243

FEI Number: 46-3883061 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BESTARD, JOSE M 6101 NW 40 TERRACE VIRGINIA GARDENS, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE M BESTARD 04/24/2024

Electronic Signature of Registered Agent

Date

FILED Apr 24, 2024

**Secretary of State** 

8944839348CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BESTARD, JOSE M Name GARCIA-ZIMMERMANN, JOSE

 Address
 P.O. BOX 431493
 Address
 P.O. BOX 431493

 City-State-Zip:
 MIAMI FL 33243
 City-State-Zip: MIAMI FL 33243

Title **SECRETARY** Title **TREASURER** Name SASTRE JR., LUIS Name LEON, JOAQUIN Address P.O. BOX 431493 Address P.O. BOX 431493 MIAMI FL 33243 City-State-Zip: City-State-Zip: MIAMI FL 33243

Title PRESIDENT Title VP

Name VALDES-DIAZ, RODOLFO Name CASTIÑEIRA, ALBERTO

 Address
 P.O. BOX 431493
 Address
 P.O. BOX 431493

 City-State-Zip:
 MIAMI FL 33243
 City-State-Zip:
 MIAMI FL 33243

Title DIRECTOR Title DIRECTOR

NamePINILLA, MARTIN ALBERTONameMIRET, SALVADORAddressP.O. BOX 431493AddressP.O. BOX 431493City-State-Zip:MIAMI FL 33243City-State-Zip: MIAMI FL 33243

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE M BESTARD DIRECTOR 04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name ALVARIÑO, JOSE Address P.O. BOX 431493 City-State-Zip: MIAMI FL 33243