FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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. Corporation 140	ENT # 707532 Y OF ARTS AND SCIENCE		, IN						
	Business	Mailing Address				1 (2011) 10011 93111 10401 21104 (11)		,	
Principal Place of Business 9450 OLD CUTLER			ISE			3. Date Incorporated or Qualified 07/06/1964	3a. l	Date of Last Re 06/01/199	95
	of Displaces	2a. Mailing Address				4. FEI Number		⊢ + →	oplied For
2. Principal Place	or business	26				59-6167628			ot Applicable Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	V		equired
2		27 1. State				6. Election Campaign Financing	-		May Be
Crty & State		City & State				Trust Fund Contribution		Added	to Fees
3		28 Zip	Cour	ntry		8. This corporation has liability for	r intangible	tax under s. 1	199.032,
Zip	Country 25	29	30			Florida Statutes	☐ Yes in the last of the	✓ No	
4	9. Name and Address of Curren					10. Name and Address of New	negisier	An WADIT	
			1		Nan-e				
NDQ I BYQ	OLD, ROBERT CPA			82	Street Addr	ress (P.O. Box Number is Not Accepte	able)		
KMUHNU)	JED, RODERT OFA ICE DE LEON RIVO			_ _					
2001 1701	2801 PONCE DE LEON BLVD CORAL GABLES FL 33134					 			
			ļ	1 ' 1	City		F	FL 1 1	Code
			- 41-		med serve	oration submits this statement for the pard of directors. I hereby accept the ap	-		egistered offic
or registere familiar with SIGNATURE	id adont, or both, in the state of section, and accept the obligations of Section (Section 1) and accept the obligation of Section (Section 1) and accept the obligation of Section 1) and the section of	tion 617,0503, Florida Statutes.	TE Registered	d Agent s		oration submits this statement for the pard of directors. I hereby accept the appeared when remistating? ADDITIONS CHANGES TO C	DAT	<u> </u>	3/3 P
12.	OFFICERS A	OD DIRECTORS	13.		T	ADDITIONS OF MISSES FOR		Change	Addition
TITLE	PD	DEFELE	l l	TITLE NAME					
NAME	FIELD, JULIA ALLEN		1		ADDRESS				
STREET ADDRESS	9450 OLD CUTLER ROAD			SIREET A CITY-ST					
CITY-ST-ZIP	MIAMI FL	DELETE		TITLE				Change	Addition
TITLE	VD	Dorecte		NAME	1				
NAME	MILLAS, ROLANDO		1		ADDRESS				
STREET ADDRESS	3280 S MIAMI AVE			CITY-S					FT Addition
CITY - ST - ZIP	MIAMI FL	DELETE		TITLE				Change	Addition
TITLE	S DODA GADOIA	_	32	NAME	\				
NAME	PENA, DORA GARCIA 8901 SW 64TH COURT		33	STREET	ADDRESS				
STREET ADDRESS	8901 SW 641H COOKI MIAMI, FL 00000		34	I. CiTY+S	ST - ZIP			Change	Addition
CITY-ST-ZIP	MIAMI, FL 00000	DELETE	4.1	TITLE					
TITLE	FRISWELL, ROSE M			2 NAME					
NAME STREET ADDRESS	13983 SW 46 TERR				ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000			4 CITY - S	ST-ZIP			Change	e Addition
CITY-ST-ZIP	D	DELETE		1 TITLE	-				_
NAME	VEZIROGLU, NEJAT			2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	MIAMI FL			.4 CITY - 5	ST - ZIP			Change	e 🔲 Additio
TITLE	17(10 9771) 1 3	DELETE		1 TITLE	1				
NAME				.2 NAME					
STREET ADDRESS					r address				
STREET ADDRESS	1		6	4 CHY-	ST-ZIP	the for the exemption stated in Section	119 07/3	(k), Florida Stat	tutes. I further

14. If 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 supplementational report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplementational report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation o

SIGNATURE: