

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 708904 (8)

1. Corporation Name

FLAGAMI KHOURY LEAGUE ASSOCIATION, INC.

Principal Place of Business

7200 CORAL WAY  
PO BOX 440534  
MIAMI FL 33144

Mailing Address

7200 CORAL WAY  
PO BOX 440534  
MIAMI FL 33144



3. Date Incorporated or Qualified  
05/06/1965

3a. Date of Last Report  
11/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, JOSE  
8837 N.W. 149 TERR  
MIAMI FL 33016

31 Name

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

33

34 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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

JOSE RAMOS, TREASURER 70 3-25-96

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE PD  
NAME RODRIQUEZ, MAYDA  
STREET ADDRESS 6741 SW 28 TERRCT.  
CITY-ST-ZIP MIAMI FL 33155

TITLE VD  
NAME LAMAS, JAVIER  
STREET ADDRESS 7931 S.W. 13TH TERR.  
CITY-ST-ZIP MIAMI FL

TITLE TD  
NAME RAMOS, JOSE  
STREET ADDRESS 8827 NW 149 TERR  
CITY-ST-ZIP MIAMI FL 33016

TITLE S  
NAME RAMOS, CANDY  
STREET ADDRESS 8837 NW 149TH TERR.  
CITY-ST-ZIP MIAMI FL 33016

TITLE VD  
NAME CASTELLANO, MARIA  
STREET ADDRESS 7235 NW 4 ST.  
CITY-ST-ZIP MIAMI FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I 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 supplemental annual reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE RAMOS, TREASURER 70 3/25/96 (205) 572-8590

CR2E037 (12/95)