

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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

4. FEI Number

65-0293655

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$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

2. Principal Place of Business

21 7200 Coral Way

Suite, Apt. #, etc.

22 City & State

23 MIA, FLA

24 Zip 33144

25 Country U.S.A.

2a. Mailing Address

26 P.O. Box 440534

Suite, Apt. #, etc.

27 City & State

28 MIA, FLA

29 Zip 33144

30 Country U.S.A.

9. Name and Address of Current Registered Agent

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

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.

JOSE RAMOS TD

(NOTE: Registered Agent signature required when reinstating)

1/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE VD ☐ DELETE

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

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 PD  
1.3 STREET ADDRESS EMILY ALONSO  
1.4 CITY-ST-ZIP 1650 SW 15 ST  
MIA, FLA 33145

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TD  
2.3 STREET ADDRESS RAMOS JOSE  
2.4 CITY-ST-ZIP 8837 NW 149 TERR  
MIA FLA 33016

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VD  
4.3 STREET ADDRESS CALLEIRO JOSE  
4.4 CITY-ST-ZIP 6240 SW 20 TERR  
MIAMI, FLA 33155

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0061387

CR2E037 (10/97)