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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

708904

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Secretary of State	

	AMI KHOURY LEAGUE ASSO	·				
Principal Plac	ce of Business	Mailing Address	_	1 (00)(1 (00)(0) (0)(0)	tit meite Mint minit Albit nigit Mint	minit nente (44)
7200 CORAL V PO BOX 44053 MIAMI FL 3314	34	7200 CORAL WAY PO BOX 440534 MIAMI FL 33144		3. Date Incorporated or Qu05/06/19654. FEI Number	alified	Applied For
				65-0293655		Not Applicable
- :	Place of Business OO GASI WAY	2a. Mailing Address 26 P.O. Boy	440139	5. Certificate of Status Desi	160 Z	Additional Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Finar Trust Fund Contribution		May Be
City & Star		City & State	14	7. Is this nonprofit corporat	ion a homeowners associa	tion?
Zip 24 33/	44 25 U.S.4	Zip 29 33/44 3	Country O U-S.A	This corporation owes or Personal Property Tax du	· · · · · · · · · · · · · · · · · · ·	Intangible
	9. Name and Address of Curren			10. Name and Address of N		
			81 Name			
RAMOS	, JOSE		82 Street	Address (P.O. Box Number is Not Ad	cceptable)	
8837 N.	.W. 149 TERR					
MIAMI F	FL 33016		83			1
}			- - - - -		85 Zi	p Code
f			84 City			
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statutes		corporation submits this statement f	FL	its registered
11. Pursuant office or i	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617.1508, Florida Statutes of Florida, Such change was a statutes of Section 617.0503. Florida Statutes		corporation submits this statement fooration's board of directors. I hereb	FL	its registered as registered
í	to the provisions of Sections 617.050 registered agent, or both, in the State am familial with, and accept the obligations of t		s, the above-named thorized by the corp ida Statutes.	corporation submits this statement for statement or statement of directors. I hereb	FL	its registered as registered
11. Pursuant office or agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State arm familial with, and accept the obligations of the state of the stat	JOSE RAM	s, the above-named thorized by the corp ida Statutes.		FL	its registered as registered
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

6,2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

ATURP AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/98 (954) 572-8592