

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 # **721210** (3)

1. Corporation Name

ASSOCIATION FOR THE USEFUL AGED, INC.



Principal Place of Business

Mailing Address

**982 WEST FLAGLER ST
ROOM 408
MIAMI FL 33130
US**

**982 W FLAGLER ST
ROOM 408
MIAMI FL 33130
US**

3. Date Incorporated or Qualified
06/21/1971

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1586846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAINE, CARMEN
320 S.W. 27 ROAD
MIAMI FL 33129**

81 Name **CARMEN C. NAYLOR**

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

83 **1198 SW 22ND TERR.**

84 City **MIAMI**

FL

85 Zip Code

33129

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P CASTILLO, LUCAS**
STREET ADDRESS **453 SW 2ND ST APT. 103**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PV MENESES, MARIO J**
STREET ADDRESS **3199 SW 5 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD POZO, CARMEN**
STREET ADDRESS **1400 SW 13 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **D MAINE, CARMEN**
STREET ADDRESS **320 S.W. 27TH RD**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **TD GONZALEZ, CARMEN**
STREET ADDRESS **647 NW 97 PL**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **100001806301**
STREET ADDRESS **-05/03/96--01020--034**
CITY-ST-ZIP *****61.25**

TITLE ☐ Change ☐ Addition

NAME **SECRETARY**
STREET ADDRESS **CONCEPCION FERNANDEZ**
CITY-ST-ZIP **2760 NW 27 ST #B**
MIAMI FLA 33142

TITLE ☒ Change ☐ Addition

NAME **DIRECTOR**
STREET ADDRESS **CARMEN C NAYLOR**
CITY-ST-ZIP **1198 SW 22 TERR**
MIAMI FLA. 33129

TITLE ☒ Change ☐ Addition

NAME **TREASURER**
STREET ADDRESS **MANUEL ESTEVEZ**
CITY-ST-ZIP **1750 W 46 ST #407**
MIAMI FLA 33012

TITLE ☐ Change ☐ Addition

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 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: *Carmen Maylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2h. 3/26/96 305-859-2452
Date Daytime Phone #

CR2E037 (12/95)