

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 # 721866 (2)
1. Corporation Name
CORAL HAVEN ASSOCIATION, INC.



Principal Place of Business
10223 SW 10 TERRACE
MIAMI FL 33165
US

Mailing Address
PO BOX 650701
MIAMI FL 33265
US

3. Date Incorporated or Qualified 10/13/1971
3a. Date of Last Report 03/02/1995

2. Principal Place of Business 2a. Mailing Address

21 10223 S.W. 20 TERR.

26 Suite, Apt. #, etc.

22 N/A.

27 Suite, Apt. #, etc.

23 City & State MIAMI, FL.

28 City & State

24 Zip 33165 25 State FL.

29 Zip

30 Country

4. FEI Number 59-2498488
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

RUIZ, GUILLERMO F.
10208 S.W. 20 TERRACE
MIAMI FL 33165

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

(NOTE: Registered Agent signature required w/ on reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CASTILLO, RAFAEL DEL
STREET ADDRESS 10223 S.W. 20 TERR.
CITY-ST-ZIP MIAMI FL
TITLE VP ☐ DELETE
NAME ZALDIVAR, EUGENIO
STREET ADDRESS 10216 SW 21 TERRACE
CITY-ST-ZIP MIAMI FL
TITLE S ☐ DELETE
NAME JORGE, GEORGINA
STREET ADDRESS 10208 SW 21 TERR
CITY-ST-ZIP MIAMI FL
TITLE T ☐ DELETE
NAME SILVIO, GONZALEZ
STREET ADDRESS 10220 S.W. 21 TERR.
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME SANTIAGO, THELMA
STREET ADDRESS 10216 SW. 20 TERR.
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME GONZALEZ, ESPERANZA
STREET ADDRESS 10220 SW 21 TERRACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 (305) 226-5472
Date Daytime Phone

CR2E037 (12/95)