

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 # 726699

(2)

1. Corporation Name

OUR LADY OF THE ANGELS PARISH INC.



Principal Place of Business

2095 S.W. 1ST STREET
MIAMI FL 33135

Mailing Address

2095 S.W. 1ST STREET
MIAMI FL 33135

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.

9. Name and Address of Current Registered Agent

MOLLEDA, NINFA
1005 E. 5TH STREET
HIALEAH FL 33010

3. Date Incorporated or Qualified
06/14/1973

3a. Date of Last Report
04/28/1995

4. FEI Number

23-7292099

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

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 of the person appointed as registered agent and the corporation

Signature of the person appointed as registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	T	2. NAME	COLLADO, JOSE E	3. DELETE	☐
4. STREET ADDRESS	875 W 37 TERRACE				
5. CITY-STATE-ZIP	HIALEAH FL				
6. TITLE	PD	7. DELETE	☐		
8. NAME	FERNANDEZ, RAQUEL				
9. STREET ADDRESS	2220 SW 69 AVE				
10. CITY-STATE-ZIP	HIALEAH FL				
11. TITLE	VD	12. DELETE	☐		
13. NAME	MOLLEDA, NINFA				
14. STREET ADDRESS	1005 E 5 AVE				
15. CITY-STATE-ZIP	HIALEAH FL				
16. TITLE	T	17. DELETE	☐		
18. NAME	MOLLEDA, MARIA J.				
19. STREET ADDRESS	1005 E. 5TH AVENUE				
20. CITY-STATE-ZIP	HIALEAH FL				
21. TITLE	VD	22. DELETE	☐		
23. NAME	MORENO, VIOLETA				
24. STREET ADDRESS	3530 SW 3 ST				
25. CITY-STATE-ZIP	MIAMI FL				
26. TITLE	T	27. DELETE	☐		
28. NAME	TAMARGO, MAGALY				
29. STREET ADDRESS	3520 NW 79 ST APT F626				
30. CITY-STATE-ZIP	MIAMI FL				

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		2. CHANGE	☐	3. ADDITION	☐
4. NAME					
5. STREET ADDRESS					
6. CITY-STATE-ZIP					
7. TITLE					
8. NAME					
9. STREET ADDRESS					
10. CITY-STATE-ZIP					
11. TITLE					
12. NAME					
13. STREET ADDRESS					
14. CITY-STATE-ZIP					
15. TITLE					
16. NAME	Fontana, Josefina	17. CHANGE	☒	18. ADDITION	☐
19. STREET ADDRESS	2861 S.W. 37 Ave.				
20. CITY-STATE-ZIP	Miami, FL 33133				
21. TITLE					
22. NAME	Clara Varona	23. CHANGE	☒	24. ADDITION	☐
25. STREET ADDRESS	191 N.W. 97 Ave. apt. 122				
26. CITY-STATE-ZIP	MIAMI, FL 33172				

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:

Ninfa M. Mollada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 3025 579-7103
DATE DAYTIME PHONE #

CR2E037 (12/95)