

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726699

1. Corporation Name

OUR LADY OF THE ANGELS PARISH INC.

Principal Place of Business

Mailing Address

2095 S.W. 1st Street  
Miami, Florida 33135

3403 N.W. 13th Street  
apt. 3  
Miami, Florida 33125

99 AUG 23 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
*Amended*

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/14/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

23-7292099

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, ADALBERTO  
3403 N.W. 13th Street, apt. 3  
Miami, Florida 33125

81 Name

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

600002975176--9

83

-08/31/99--01078--001

84 City

\*\*\*\*\*61.25 \*\*\*\*\*61.25  
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

*(ADALBERTO GARCIA) President*

*August 16/1999.*

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
President	VALDES, RAQUEL	2750 West 63rd PLACE-EDM 24	Hialeah, FL 33010	<input checked="" type="checkbox"/>
Secretary	MOLLEDA, NINFA	1005 East 5 Ave	Hialeah, FL 33010	<input checked="" type="checkbox"/>
Treasurer	MOLLEDA, MARIA J.	1005 East 5 Ave	Hialeah, FL 33010	<input checked="" type="checkbox"/>
VT	FONTANA, JOSEFINA	2861 S.W. 37 Ave	Miami, FL 33165	<input checked="" type="checkbox"/>
VT	DE CARMEN RIBERA, MARIA	1005 East 5 Ave	Hialeah, FL 33010	<input checked="" type="checkbox"/>
VT	VARONA, CLARA	191 N.W. 97 Ave, apt. 122	Miami, FL 33165	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	GARCIA, ADALBERTO	3403 N.W. 13th Street, apt. 3	Miami, Florida 33125	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	ROBAINA-HERRERA, HORTENSIA	1531 N.W. 29 CT	Miami, FL 33135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	ROLANDO H. HERRERA	1531 N.W. 29 CT	Miami, FL 33135	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	FEIJOO, NORA	2000 Springdale Blvd, F-315	West Palm Beach, FL 33461	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	DIAZ, ROMULO	3051 N.W. 95 Terrace	Miami, FL 33147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	GUTIERREZ GARCIA, MARTHA	3403 N.W. 13th Street, apt. 3	Miami, FL 33125	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 of 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*(Adalberto Garcia)*

*August 3, 1999 (305)643-3115*

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (1/98)