

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:29

DOCUMENT # 729922

(5)

1. Corporation Name

ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE
LOURDES, INC.

Principal Place of Business

Mailing Address

13380-G SW 91 TERR.
MIAMI FL 33186

13380-G SW 91 TERR.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1974

3a. Date of Last Report

07/05/1994

4. FEI Number

65-0166334

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for interstate tax under s. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUABELLA, (CARMEN)
3740 SW 129 AVE
MIAMI FL 33175

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 when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	CALAFELL, ELSIE G.	13380-G 91 TERR,	MIAMI, FL 00000
PD	ROMIREZ, PERLA	3120 SW 120TH CT.	MIAMI FL
S	CAMBEIRO, ALICIA	1101 SW 122 AVE. #402	MIAMI FL
V	GONZALEZ, MARIA M.	1540 SW 14TH TERR.	MIAMI, FL 00000
MD	AGUABELLA, CARMEN	3740 SW 129TH AVE	MIAMI, FL 00000
VT	TORRES, LILLIAN	7233 VISTALMAR ST.	CORAL GABLES, FL 0

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

PRESIDENT D
CARMEN S JORGANES
5199 NW 7 ST #304 E
MIAMI FL 33126

VICE PRESIDENT
PERLA RAMIREZ
3120 SW 120 CT
MIAMI FL

VICE TREASURER D
LILLIAN S TORRES
12530 SW 108 ST
MIAMI FL 33145

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 110.07(3)(b), 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 Aguabella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN AGUABELLA

6-6/95 221-1601
Date Daytime Phone #

CR2E037 (3/95)