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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 729922

1. Corporation Name

ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE
LOURDES, INC.

Principal Place of Business

1540 SW 14 TERR
MIAMI FL 33145
US

Mailing Address

1540 SW 14 TERR
MIAMI FL 33145
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

05/31/1974

4. FEI Number
65-0166334

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE

NAME CAMPANO, MERCEDES
STREET ADDRESS 26225 COLLINS AVE #402
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE P ☐ DELETE

NAME SOTO, LILIANA
STREET ADDRESS 12550 SW 30 ST
CITY-ST-ZIP MIAMI FL 33175

TITLE S ☐ DELETE

NAME LEANDER, MARIA VICTORIA
STREET ADDRESS 525 NE 90 ST
CITY-ST-ZIP MIAMI SHORES FL 33186

TITLE VP ☐ DELETE

NAME CAMBEIRO, ALICIA
STREET ADDRESS 676 SE 8 ST
CITY-ST-ZIP HIALEAH FL 33010

TITLE MD ☐ DELETE

NAME AGUABELLA, CARMEN
STREET ADDRESS 3740 SW 129TH AVE
CITY-ST-ZIP MIAMI, FL 00000

TITLE VTRE ☐ DELETE

NAME GONZALEZ-PITA, MARIA
STREET ADDRESS 1540 S W 14 TERR
CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/99 305-226-6781

Date

Daytime Phone #

CR2E037 (1/98)