FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(3)

	MENT # 749073 uto jacques maritain d							
Principal Plac	e of Business	Mailing Address				IIII sid ii sia ii bia il	01011 81911 81011 1901	
8250 S.W. 3181 MIAMI FL 33155		8250 S.W. 31ST ST., Miami Fl 33155-2449						
					3. Date incorporated or Qualified 09/25/1979	3a. Date of 1	Last Report 7/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21		Suite, Apt. #, etc.		65-1138103		Not Applicab		
Suite, Apt.	#, etc.			5. Certificate of Status Desired	.75 Additional			
City & State	θ	City & State						
23		28			Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for		nder s. 199.032,	
24	9, Name and Address of Current	Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No		
	5, result and records of Control	trogretored regent	81	Name	10. Hallo alla Aggioco of ttoli fic	gistorou Agorit		
MIAMILO	ORPORATE SYSTEMS, INC.		-					
	ST 12TH ST.		82	Street Add	lress (P.O. Box Number is Not Acceptab	ile)		
SUITE 30			83					
HIALEAH	1 FL 33012		84	City		85	Zip Code	
-					poration submits this statement for the p tion's board of directors. I hereby accep		,	
SIGNATURE _	Signature, typed or printed name of registered agent		TE: Registered Age	nl signaturo requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Cr	nange 🔲 Additio	
NAME	RASCO, JOSE IGNACIO		1.2 NAME					
STREET ADDRESS	8250 SOUTHWEST 31ST ST.		1.3 STREET	address				
CITY-ST-ZIP	MIAMI FL	DELETE	1,4 CITY - ST	I-ZIP			The same	
TITLE	SD OLAMIO ENVA	☐ DELETE	2.1 TITLE	-		☐ Cr	nange 🔲 Additio	
STREET ADDRESS	CLAVIJO, UVA 1635 S.W. 98 CT.		2.2 NAME 2.3 STREET	Annoree				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-S	· [
TITLE	TD	DELETE	3.1 TITLE		3.7	· 🔲 Cr	nange Additio	
NAME	LA VILLA, RAQUEL		3.2 NAME					
STREET ADDRESS	2308 CORAL WAY		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE.	4.1 TITLE			☐ Ch	nange 🔲 Additio	
NAME			4. 2 NAME					
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CITY-ST-ZIP TITLE		DELETE	4.4 CiTY-ST 5.1 TITLE	- ZIP		☐ Ch	ange Additio	
NAME		E'll protett	5.2 NAME				mužo 🗀 Voqiiid	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	- 1				
TITLE		DELETE	6.1 TITLE			☐ Ch	nange 🔲 Additio	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST	-ZIP				

	Florida Statutes	☐ Yes ☐ No
	10. Name and Address	s of New Registered Agent
81	Name	
82	Street Address (P.O. Box Number is N	lot Acceptable)
63		
84	City	85 Zip Code

FILED

Apr 10 1997 8:00am

Secretary of State

Applied For Not Applicable

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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 DIRE		13.		/CHANGES TO OFFICERS AN	DIRECTOR	20 1/1 20	
TITLE	PD	DELETE	1.1 TITLE	NODITIONS	CHANGES TO OTT ICERS AN	Change	Addition	
			12 NAME			CT Ollenite		
NAME	RASCO, JOSE IGNACIO		1,2 11 1112					
STREET ADDRESS	8250 SOUTHWEST 31ST ST.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1,4 CITY+ST-ZIP					
TITLE	\$D	DELETE	2.1 TITLE			Change	Addition	
NAME	CLAVIJO, UVA		2.2 NAME					
STREET ADDRESS	1635 S.W. 98 CT.		23 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP				1	
TITLE	TD	DELETE	3.1 TITL€		1.7 E	Change	Addition	
NAME	LÀ VILLA, RAQUEL		3.2 NAME				ŀ	
STREET ADDRESS	2308 CORAL WAY		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME				Į	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP]	
TITLE		DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-SI-ZIP	<u> </u>		64 CITY-ST-ZIP					

14. I do 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 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.