

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 # 750070 (5)

1. Corporation Name

LA PROGRESIVA ALUMNI ASSOCIATION, INC.



Principal Place of Business: **2480 NW 7 ST. MIAMI FL 33125-3135**
Mailing Address: **2480 NW 7 ST. MIAMI FL 33125-3135**

3. Date Incorporated or Qualified: **12/05/1979**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2678557**
Applied For: 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

9. Name and Address of Current Registered Agent: **PEREZ-PADILLA, MANUEL 3231 S.W. 16 TERRACE MIAMI FL 33145**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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) DATE (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ROBERT Z	
STREET ADDRESS	209 WALTON HEATH DR.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, MYRIAM LIMA	
STREET ADDRESS	111 NW 26TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, BLANCA	
STREET ADDRESS	2366 NW W. FLAGLER TER	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, ROBERT Z	
1.3 STREET ADDRESS	209 WALTON HEATH DR.	
1.4 CITY-ST-ZIP	ATLANTIS, FL. 33462	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK COBO-TORANZO	
2.3 STREET ADDRESS	590 N.W. 126th St.	
2.4 CITY-ST-ZIP	No. Miami, Fla. 33168	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLADYS ROCCO	
3.3 STREET ADDRESS	2831 S.W. 137th Ct.	
3.4 CITY-ST-ZIP	Miami, Fla. 33175	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001863954	
5.3 STREET ADDRESS	-06/17/96--01050--004	
5.4 CITY-ST-ZIP	***\$1.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Frank Cobo-Toranzo* Date: **4/22/96** Daytime Phone #: **(305) 688-2617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Frank Cobo-Toranzo (Treasurer)**

CR2E037 (12/95)

6/17/96 JR