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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
2480 NW 7 ST. MIAMI FL 33125-3135
2480 NW 7 ST. MIAMI FL 33125-3135

3. Date Incorporated or Qualified 12/05/1979
3a. Date of Last Report 06/17/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2678557 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ, ROBERT Z		1.2 NAME ANORGA MARTIN	
STREET ADDRESS 209 WALTON HEATH DR.		1.3 STREET ADDRESS 5800 S.W. 5th Terr.	
CITY-ST-ZIP ATLANTIS FL 33462		1.4 CITY-ST-ZIP Miami, Fla. 33144	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COBO-TORANZO, FRANK		2.2 NAME COBO-TORANZO FRANK	
STREET ADDRESS 590 NW 126TH ST.		2.3 STREET ADDRESS 590 N.W. 126th St.	
CITY-ST-ZIP N. MIAMI FL 33168		2.4 CITY-ST-ZIP N. Miami, Fla. 33168	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROCCO, GLADYS		3.2 NAME BELTRAN LOURDES R.	
STREET ADDRESS 2831 SW 137TH CT.		3.3 STREET ADDRESS 5513 S.W. 89th Ave.	
CITY-ST-ZIP MIAMI FL 33175		3.4 CITY-ST-ZIP Cooper City, Fla. 33328	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Frank Cobo-Toranzo* 2/25/97 (305) 688-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028288

CR2E037 (9/96)