1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750070

1. Corporation Name

LA PROGRESIVA ALUMNI ASSOCIATION, INC.

Country

25

| Principal Place of Business |
|--------------------------------------|
| 2480 NW 7 ST. MIAMI FL 33125-3135 |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Mailing Address

2480 NW 7 ST. MIAMI FL 33125-3135

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90199 006 ****61.25

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

12/05/1979

59-2678557

4. FEI Number

| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | | |
|---|---|----------------------|---------|--|---|--------------------------|-----------------|------------|--|--|--|
| | | | 81 | Name | | | - | | | | |
| PEREZ-PADILLA. MANUEL | | | | Street Ac | Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 3231 S.W. 16 TERRACE | | | | | <u> </u> | · | | | | | |
| MIAMI FL 33145 | | | 83 | | | | | | | | |
| | | | 84 | City | | · · · · - · · | 85 Zip C | ode | | | |
| | | | | • | · | <u>FL</u> | | | | | |
| 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: Parieters | on A ha | t eigneture rece | uired when reinstating) | DATE | | · } | | | |
| 12. | OFFICERS AND DIRECTORS | (NOTE: Registere | | r signatura radi | | ES TO OFFICERS AN | DIRECTO | RS IN 12 | | | |
| TITLE | | DELETE 1.1 | TITLE | | P.D | | X Change | Addition | | | |
| NAME | ANORGA MARTIN | 1.21 | VAME | | TORRES MYRIA | . M | • | | | | |
| STREET ADDRESS | 5800 SW 5TH TERR | 1.33 | STREET | ADDRESS | 8300 S.W. 18 | an 34th Terr. | | | | | |
| CITY-ST-ZIP | MIAMI FL 33144 | | CITY-ST | | 8300 S.W. 18 Miami, Fla. | 33157 | | | | | |
| TITLE | | | MILE | | TD COBO-TORA | | Change | ☐ Addition | | | |
| NAME | COBO-TORANZO, FRANK | 2.21 | VAME | | 590 N.W. 120 | | | . [| | | |
| STREET ADDRESS | 590 NW 126TH ST. | 2.3 | STREET | ADDRESS | No. Miami, | | | [| | | |
| CITY-ST-ZIP | N. MIAMI FL 33168 | 2. 4 | спү-ѕ | T-ZIP | NO. HEAME, | | | | | | |
| TITLE | | DELETE 3.1 | TITLE | | SD | A Mariana Commission | X Change | ☐ Addition | | | |
| NAME | BELTRAN LOURDES R | 3.21 | NAME | | MIGDALIA LOI | PEZ | | | | | |
| STREET ADDRESS | 5513 SW 89TH AVE | 3.3 | STREET | ADDRESS | 1410 S. Ocea | n Dr. # 30 |)2 | | | | |
| CITY-ST-ZIP | COOPER CITY FL 33328 | 3.4. | CITY-S | T-ZIP | Hollywood, 1 | 1a. 33019 | | | | | |
| TITLE | | DELETE 4.1 | IIILE | | | , | Change | Addition | | | |
| NAME | | 4. 2 | NAME | | | | | } | | | |
| STREET ADDRESS | | 4.3 | STREET | ADDRESS | | • | | | | | |
| CITY-ST-ZIP | | 4.4 | CITY-ST | r-ZIP | | | | | | | |
| TITLE | | DELETE 5.1 | ITILE | | | | Change | ☐ Addition | | | |
| NAME | | 5.21 | NAME | | | | | | | | |
| STREET ADDRESS | | 5.3 | STREET | ADDRESS | , | | | | | | |
| CITY-ST-ZIP | | | CITY-ST | r-ZIP | | | | | | | |
| TITLE | | DELETE 6.1 | TITLE | | | | Change | Addition | | | |
| NAME | | 6.21 | NAME | | | | | | | | |
| STREET ADDRESS | | 6.3 | STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-S1 | | | | | | | | |
| 14. I hereby o | ertify that the information supplied with this filing does no | t qualify for the ex | empti | on stated i | n Section 119.07(3)(i), Florida | Statutes. I further cert | ify that the in | formation | | | |

Country

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4. I 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 informatio 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 or an attachment in an addiess, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 Date

Daytime Phone #

E03/ (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable