

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 # 751095 (1)

1. Corporation Name

FLOTILLA 6-11 FOUNDATION OF MIAMI FLA, INC.



Principal Place of Business

Mailing Address

36 N.E. 1ST STREET  
SUITE 419  
MIAMI FL 33173  
US

11700 SW 69 CT  
MIAMI FL 33156  
US

3. Date Incorporated or Qualified  
02/14/1980

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1998468

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

MARTIN, JUDITH  
11700 SW 69TH CT  
MIAMI FL 33156

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 PD ☒ DELETE  
NAME SARRAFF, JOSE  
STREET ADDRESS 2145 MERIDIAN AVE  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME TUNDIDOR TEODORA  
1.3 STREET ADDRESS 751 E OCHEECHOBEE RD  
1.4 CITY-ST-ZIP HIALEAH FL

TITLE VD ☐ DELETE  
NAME TUNDIDOR, TEODORA  
STREET ADDRESS 751 E OCHEECHOBEE RD  
CITY-ST-ZIP HIALEAH FL

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME MARTIN WILLIAM  
2.3 STREET ADDRESS 11700 S.W. 69 CT  
2.4 CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE  
NAME CIFUENTES, BERTA  
STREET ADDRESS 9415 SW 18TH TERR  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME ALVAREZ, JORGE L  
STREET ADDRESS 4350 W. 5TH AVENUE  
CITY-ST-ZIP HIALEAH FL

4.1 TITLE TD ☐ Change ☒ Addition  
4.2 NAME MARTIN JUDITH  
4.3 STREET ADDRESS 11700 S.W. 69 CT  
4.4 CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

Daytime Phone #

CR2E037 (12/95)