

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS,

APPROVED
AND
FILED

1995 MAR -9 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833824 (6)

1. Corporation Name

GRAND SPANISH LANGUAGE ORIENT OF ANCIENT AND ACC
EPTED SCOTTISH RITE FOR THE UNITED STATES OF AM

Principal Place of Business

Mailing Address

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642

% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1975

3a. Date of Last Report
04/06/1994

4. FEI Number
13-3160127

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODOFREDO BETANCOURT
8551 SW 144TH COURT
MIAMI FL 33175

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 607.0502 and 607.1508, 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 607.0505, 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 D
NAME SANTALLA, OSCAR
STREET ADDRESS 7295 W 2ND CT.
CITY-ST-ZIP HIALEAH FL 33014

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

400001426534

TITLE D
NAME FLORES, ARTURO
STREET ADDRESS 370 CENTRAL PK WEST #101
CITY-ST-ZIP NEW YORK, N Y 10025

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

-03/10/95--0106 Change Addition
*****75.00 *****75.00

TITLE T
NAME MONZON, EFRAIN
STREET ADDRESS 3421 SW 89 CT
CITY-ST-ZIP MIAMI FL

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

☒ Change ☐ Addition

Angel Martin
88 HURD ST.
MILWAUKEE WISCONSIN 53201

TITLE P
NAME CALZADILLA, FRANK
STREET ADDRESS 9615 S.W.148 CT.
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PIEDRA, RENE
STREET ADDRESS 2910 HEALTH AVE
CITY-ST-ZIP BRONX NY

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

☐ Change ☐ Addition

TITLE D
NAME PAZ, BENEDITO
STREET ADDRESS 3898 W FLAGLER ST
CITY-ST-ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

2-9

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Expiration Date

0045200