

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 # 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1975

3a. Date of Last Report

03/09/1995

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

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

10. Name and Address of New Registered Agent

GODOFREDO BETANCOURT  
8551 SW 144TH COURT  
MIAMI FL 33175

81

Name

GODFREDO BETANCOURT

82

Street Address (P.O. Box Number is Not Acceptable)

2430 SW 99th Ave

83

84

City

Miami

FL

85

Zip Code

33165

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

TITLE D ☐ DELETE  
NAME SANTALLA, OSCAR  
STREET ADDRESS 7295 W 2ND CT.  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE T ☐ DELETE  
NAME ANGELO, MARTIN  
STREET ADDRESS 88 HURD ST.  
CITY-ST-ZIP MINEHILL NJ 03801

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ARMANDO I. DIAZ ☒ Change ☐ Addition  
1.2 NAME 3312 NW 35th TERR:  
1.3 STREET ADDRESS Miami, FL 33125  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE LEANDRO Delgado ☒ Change ☐ Addition  
6.2 NAME 20031 NW 57th Ct.  
6.3 STREET ADDRESS Miami FL 33015  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-22-1996