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Mar 31 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

02/13/1975

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODOFREDO BETANCOURT
2430 SW 98TH AVENUE
MIAMI FL 33175

81 Name Jorge Sanchez M.
82 Street Address (P.O. Box Number is Not Acceptable)
4500 W 19th Court Apt 331
83 Hialeah
84 City FL 85 Zip Code 33012

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
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 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 REQUIRED

2/12/98

CR2E037 (10/97)