

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **835771** (7)
1. Corporation Name
LA ASOCIACION NACIONAL PRO PERSONAS MAYORES

Principal Place of Business 3325 WILSHIRE BLVD., SUITE 800 LOS ANGELES CA 90010	Mailing Address 3325 WILSHIRE BLVD., SUITE 800 LOS ANGELES CA 90010 NOTE CHANGE OF ADDRESS
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3. Date Incorporated or Qualified 02/10/1976	
4. FEI Number 95-6527300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 234 E. Colorado Blvd.
22 City & State	27 Suite 300
23 Zip	28 Pasadena, CA 91101
24 Country	29 91101
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIYARES, MARIA
1150 S.W. 1ST. ST., SUITE 113
MIAMI FL 33130**

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: Type the 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	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENIER, THERESE	1.2 NAME	
STREET ADDRESS	10844 WICKS ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHADOW HILLS CA	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HENRY	2.2 NAME	
STREET ADDRESS	3520 GLENROSE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTADENA CA	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACAYO, CARMELA G.	3.2 NAME	
STREET ADDRESS	10844 WICKS ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHADOW HILLS CA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, JUANA	4.2 NAME	
STREET ADDRESS	1050 W. LAGUNA AZUL AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MESA AZ	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE:

Carmela S. Lacayo

CR2E037 (10/97)