

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 # N01822 (8)

1. Corporation Name

COMUNIDAD DE ALIANZA LA NUEVA JERUSALEM, INC.



Principal Place of Business

Mailing Address

14226 SW 62ND ST
MIAMI FL 33183

P.O. BOX 65-1702
MIAMI FL 33265-1702

3. Date Incorporated or Qualified

03/06/1984

3a. Date of Last Report

05/16/1995

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

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WILLIAM F., JR.
4900 SW 87TH COURT
MIAMI FL 33165

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 within 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 understand, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature

Printed name of registered agent and title, if any

(NOTE: Registered Agent signature required when reinstating)

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD
DELGADILLO, NOEL
13052 SW 57TH TERR
MIAMI FL

☐ DELETE

11 TITLE

☐ Change

☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE

SD
VARONA, OSCAR A
11105 SW 125TH ST
MIAMI FL

☐ DELETE

21 TITLE

☐ Change

☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE

PD
BROWN, WILLIAM F., JR.
4900 SW 87TH COURT
MIAMI FL

☐ DELETE

31 TITLE

☐ Change

☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE

TD
ARGUELLO, NESTOR J
13746 SW 68TH ST
MIAMI FL

☐ DELETE

41 TITLE

☐ Change

☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE

☐ DELETE

51 TITLE

☐ Change

☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE

☐ DELETE

61 TITLE

☐ Change

☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

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6-19-96
305 4446080

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 of this report, or on an attachment with an address.

SIGNATURE:

WILLIAM F. BROWN JR. PD

7 June '96

305 4446080

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)