

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 30, 2004 8:00 A.M.
Secretary of State

DOCUMENT # N12985

1. Entity Name
**AMERICAN HISPANIC EDUCATORS ASSOCIATION OF
DADE OR "AHEAD", INC.**



Principal Place of Business

**C/O MARIA P. ACOSTA
8101 SW 108 ST.
MIAMI, FL 33156 US**

Mailing Address

**C/O MARIA P. ACOSTA
8101 SW 108 ST.
MIAMI, FL 33156 US**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2698757

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ACOSTA, MARIA P
8101 SW 108 ST
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LECOURS, MAGDA
611 VELARDE AVENUE
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CORPION, CARMEN G.
2231 S.W. 83 AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, ELISA
10978 SW 74 ST
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ACOSTA, MARIA P
8101 SW 108 STREET
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BUTTARI, LILIA
15 SAMANA DR
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NAVEIRAS, CAROLINA
7225 W. 16 AVE.
HIALEAH, FL 33014**

**700041562077
10/04/04--01018--016 **\$61.25**

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria P. Acosta* MARIA P. ACOSTA 7/1/04 305-2643757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #