


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90037 014 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2698757	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTA, MARIA P 8101 SW 108 ST MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECOURS, MAGDA		NAME		
STREET ADDRESS	611 VELARDE AVENUE		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORPION, CARMEN G		NAME		
STREET ADDRESS	2231 S.W. 83 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, ESTHER		NAME		
STREET ADDRESS	1281 SW 124TH CT., UNIT B		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33184		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA, MARIA P		NAME		
STREET ADDRESS	8101 SW 108 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTTARI, LILIA		NAME		
STREET ADDRESS	15 SAMANA DR		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVEIRAS, CAROLINA		NAME		
STREET ADDRESS	7225 W. 16 AVE.		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33014		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Carolina Naveiras</i>			Date: <i>4/17/08</i> Daytime Phone #: <i>884-1305</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT



40098396

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2008

AMERICAN HISPANIC EDUCATORS ASSOCIATION OF DADE OR "AHE
C/O MARIA P. ACOSTA
8101 SW 108 ST.
MIAMI, FL 33156 US

SUBJECT: AMERICAN HISPANIC EDUCATORS ASSOCIATION OF DADE OR
"AHEAD", INC.
Ref. Number: N12985

We have received your document for AMERICAN HISPANIC EDUCATORS
ASSOCIATION OF DADE OR "AHEAD", INC. and check(s) totaling \$61.25.
However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed
form and return to our office.

After the corrections have been made, please return the report to: Division of
Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327,
Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Tyrone Scott
Regulatory Specialist II

Letter Number: 208A00008429

4/17/08 Retaining
as per space also
info. I also
spoke to an
examiner &
she told
me to
re-send.
Tyrone Scott
Regulatory Specialist II

40098396

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)**Annual Report Online Filing**Document Number N12985

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

FEI Number 59 - 2698757FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**Address C/O MARIA P. ACOSTA (PO Box not acceptable)Suite, Apt. #, etc. 8101 SW 108 ST.City, State MIAMI, FLZip Code & Country 33156 US**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☐ Mailing address same as principal addressAddress C/O MARIA P. ACOSTASuite, Apt. #, etc. 8101 SW 108 ST.City, State MIAMI, FLZip Code & Country 33156 US**Name And Address of Registered Agent**Name (Last, First, Middle, Title) ACOSTA, MARIA, P

- OR -

Business to serve as RA

ATTACHMENT

40098396
N12985

Street Address In Florida 8101 SW 108 ST (PO Box not acceptable)
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33156 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

D

Name (Last, First, Middle, Title)

LECOURS

MAGDA

- OR -

Entity Name to serve as Officer/Director

Street Address

611 VELARDE AVENU

City, State

CORAL GABLES

FL

Zip Code & Country

33134

Name And Address #2

Title

D

Name (Last, First, Middle, Title)

CORPION

CARMEN

G

- OR -

Entity Name to serve as Officer/Director

Street Address

2231 S.W. 83 AVENUE

City, State

MIAMI

FL

Zip Code & Country

Name And Address #3

Title

D

Name (Last, First, Middle, Title)

LOPEZ

ESTHER

- OR -

Entity Name to serve as Officer/Director

Street Address

1281 SW 124TH CT., UNIT B

City, State

MIAMI

FL

Zip Code & Country

33184

Name And Address #4

Title

PD

Name (Last, First, Middle, Title)

ACOSTA

MARIA

P

- OR -

Entity Name to serve as Officer/Director

Street Address

8101 SW 108 STREET

City, State

MIAMI

FL

Zip Code & Country

33156

Name And Address #5

Title

S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

BUTTARI, LILIA

Street Address

15 SAMANA DR

City, State

MIAMI

FL

Zip Code & Country

Name And Address #6

Title

TD

Name (Last, First, Middle, Title)

NAVEIRAS

CAROLINA

- OR -

Entity Name to serve as Officer/Director

Street Address

7225 W. 16 AVE.

City, State

40098396

HIALEAH

FL

Zip Code & Country

33014

N12985

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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