

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 # N15777 (8)

1. Corporation Name

ASOCIACION DE ALUMNOS Y PROFESORES DEL COLEGIO A  
CADEMIA BALDOR, INC.



Principal Place of Business

11461 S.W. 5TH TERRACE  
SWEETWATER FL 33174

Mailing Address

11461 S.W. 5TH TERRACE  
SWEETWATER FL 33174

3. Date Incorporated or Qualified  
07/09/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 11120 S.W. 128 St.

26 11120 S.W. 128 St.

4. FEI Number  
59-2710048

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

22 City & State  
MIAMI FL

27 City & State  
MIAMI, FL

23 Zip  
33176

Country  
USA

28 Zip  
33176

Country  
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGES, BELEN  
2625 COLLINS AVE APT 1507  
MIAMI FL 33140

81 Name  
M. MAGDALENA ORTEGA  
82 Street Address (P.O. Box Number is Not Acceptable)  
11120 S.W. 128 St.  
83  
84 City  
MIAMI  
85 Zip Code  
FL 33176

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 (if not applicable)

(NOTE: Registered Agent's signature required when re-stating)

2/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	PANDO, REMIGIO	532 MADEIRA AVE	CORAL GABLES FL	<input type="checkbox"/>
D	BUIGAS, RAFAEL	6761 S.W. 13 TERR.	MIAMI FL	<input type="checkbox"/>
SD	ROGES, BELEN	11461 S.W. 5TH TERRACE	MIAMI FL	<input type="checkbox"/>
D	VEGA, ANGEL	12610 SW 25 TERR	MIAMI FL	<input type="checkbox"/>
TD	SELLEK, LIDIA I.	9021 SW 17 ST	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
TD	M. MAGDALENA ORTEGA	11120 S.W. 128 St.	MIAMI, FL 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

238-7480

Date

Da/line Phone #

CR2E037 (12/95)